# 

# NECA SAFE Logo MASTER NECA MEMBER Logo MASTER

# <Replace this space with the name of your company>

**<Company Address>**

**ABN: <ABN>**

**Contact Person: <Person responsible for SWMS Compliance>**

**Contact Number: <Phone Number>**

# SAFE WORK METHOD STATEMENTS

**Format 3**

# for

# <Clients Name> <Site Address>

Be warned. Any reproduction of this safety management system or associated documents without the express permission of the company and the National Electrical and Communications Association may immediately initiate legal action against that person or organization.

# DOCUMENT CONTROL

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Issue | Revision | Date | Description | Originator | Approved |
| 00 | 16.0 | January 2016 | All SWMS- Format 3 |  |  |
| 01 | 17.0 | January 2018 | All SWMS Format 3  Legislative Changes | HSEQ | Phyllis Edwards |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **DOCUMENT APPROVAL & ISSUE** | | |
| **Copy Number:** | | |
| **Approved By:** | **Position:** | **Date:** |
| **Issued To**: | | **Date:** |

| FORMAT 3 SAFE WORK METHOD STATEMENT - INDEX | | |
| --- | --- | --- |
| SWMS No. | Task Title | Page(s) |
| 001 | Conduit Installation, Placed Prior to Pouring Concrete | 5 |
| 002 | Conduit Installation, In Ground | 6-7 |
| 003 | Conduit Installation, Walls and Ceilings | 8 |
| 004 | Cable and Ladder Tray Installation | 9 |
| 005 | Using Portable Ladders | 10-11 |
| 006 | Installing Light Fittings | 12 |
| 007 | Installation of Switchboards | 13-14 |
| 008 | Installation of Lighting Looms | 15 |
| 009 | Installation of Cable Supports | 16 |
| 010 | Installation of Mains | 17-18 |
| 011 | Installation of Switchboard Connections | 19-20 |
| 012 | Installation of SubMains | 21-22 |
| 013 | Installation of Power and Light Cabling | 23-24 |
| 014 | Installation of Power Points | 25-26 |
| 015 | Manual Handling | 27-28 |
| 016 | Working with Elevated Work Platforms | 29-30 |
| 017 | Erecting and Using Mobile Scaffolds | 31-32 |
| 018 | Dismantling Mobile Scaffolds | 33 |
| 019 | Working at Heights | 34-35 |
| 020 | Installation of New Work in Existing Switchboards | 36-37 |
| 021 | Working in Risers | 38 |
| 022 | Installation of Pyrotenax, (MIMS) Cable | 39 |
| 023 | Isolation and Testing of Energy Sources | 40-41 |
| 024 | Installation of Equipment Racks | 42 |
| 025 | Installation of Fibre Optic Cable | 43 |
| 026 | Installation of Trunk Cabling | 44-45 |
| 027 | Installation of Outlet Cabling | 46 |
| 028 | Installation of Outlets | 47-48 |
| 029 | Working on Energised Low Voltage Equipment / Apparatus | 49-50 |
| 030 | Installing Ceiling Mounted Lights and Speakers | 51 |
| 031 | Installation of New Racks / Cabinets | 52-53 |
| 032 | Heat Shrink Cable Joints and Lugs | 54-55 |
| 033 | Installation of SELV Cabling [Data/Security/Nurse Call, etc] | 56-57 |
| 034 | Installation of Data / TV / Nurse Call Points | 58-59 |
| 035 | Installing light poles | 60-61 |
| 036 | Trenching with a small excavator | 62-63 |
| 037 | Installation of Grid Connected Photovoltaic System | 64-65 |
| 038 | Energise and Commission Installation | 66-67 |
| 039 | Test & Tag Electrical Equipment | 68-69 |
| 040 | Spare | 70-71 |

**Acknowledgement**

I have been consulted on the implementation of the Safe Work Method Statements (SWMS) listed above, and I have read and understood the SWMS’s and agree to work to the requirements of these Safe Work Method Statements.

|  |  |  |
| --- | --- | --- |
| **Name** | **Signature** | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

| <Replace this space with the name of your company>. <Company Address>. ABN: <ABN> | | | | | | Format 3 | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SWMS Title: CONDUIT INSTALLATION, PLACED PRIOR TO POURING CONCRETE** | | | | | **SWMS NO. 001** | Page 1 of 1 | |
| **Person responsible** for ensuring compliance with this SWMS: | **<Person responsible for SWMS Compliance>** **Contact Number: <Phone Number>** | | | | **Date: <Date>** | **Revision: 17.0** | |
| **Project / Client:** <Clients Name> | | | | **Location:** <Site Address> | | | |
| **Work Method / Task Description** | | **Hazard Identification** | Actions / Controls for Prevention | | | | Person Responsible |
| 1.Inspect work area and review SWMS on site | | Site specific hazards | Document site specific hazards and controls to be implemented | | | | Supervisor/  Worker |
| 2. Check layout and mark out. | | Sun exposure  Slips, trips & falls | Use clothing, sunscreen and skin protection  Ensure areas, in particular, walkways are clear of tripping hazards | | | | Supervisor/  Worker  Supervisor/  Worker |
| 3. Install disposable lids for conduit boxes to timber | | Walking on unstable reinforcing steel | Use kneel boards or walkways | | | | Worker |
| 4. Lay conduit and accessories. | | Cuts & abrasions.  Chemical glues | Use gloves for hand protection  Refer to SDS for correct chemical handling requirements | | | | Worker  Worker |
| 5. Tie down conduit. | | Cuts & abrasions | Use gloves for hand protection | | | | Worker |
| *Additional items identified on site* | |  |  | | | | Supervisor/  Worker |
|  | |  |  | | | |  |
|  | |  |  | | | |  |

| <Replace this space with the name of your company>. <Company Address>. ABN: <ABN> | | | | | | Format 3 | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SWMS Title: CONDUIT INSTALLATION, IN GROUND** | | | | | **SWMS NO. 002** | Page 1 of 2 | |
| **Person responsible** for ensuring compliance with this SWMS: | **<Person responsible for SWMS Compliance>** **Contact Number: <Phone Number>** | | | | **Date: <Date>** | **Revision: 17.0** | |
| **Project / Client:** <Clients Name> | | | | **Location:** <Site Address> | | | |
| **Work Method / Task Description** | | **Hazard Identification** | Actions / Controls for Prevention | | | | Person Responsible |
| 1.Inspect work area and review SWMS on site | | Site specific hazards | Document site specific hazards and controls to be implemented | | | | Supervisor/  Worker |
| 2. Check area for other services and confirm locations of any gas lines, power cables, telephone cables, water or sewer lines and tree roots. | | Electric shock / ExplosionSun Exposure Tripping | Ensure location of other services is confirmed and obtain appropriate access permits. Isolate existing services where possible.  Visual inpection for buried marker tape. Excavate manaully near existing services.  Use clothing, sunscreen and skin protection.  Ensure area, in particular walkways, are clear of trip hazards . | | | | Supervisor/  Worker  Worker  Worker |
| 3. Check layout and mark out | | Tripping | Ensure area is clear– Wear safety footwear | | | | Worker |
| 4. Excavate trenches | | Electric shock / Explosion Falling in trenches  Trench collapse  Manual handling | Ensure location of other services is confirmed and obtain appropriate access permits. Isolate existing services where possible. Visual inpection for buried marker tape. Excavate manaully near existing services.  Ensure trenches and surrounding area are as even and flat as practical. Barricade work area.  Provide shoring, benches or battering in accordance with the Code of Practice for Safety Precautions in Trenching Operations 1998 Provide warning lights if necessary overnight  Implement manual handling risk control procedures in accordance with SWMS 015 and Code of Practice for Manual Handling | | | | Worker  Worker  Worker  Worker |
| 5. Lay conduit | | Manual Handling  Chemical exposure | Implement manual handling risk control procedures in accordance with SWMS 015 and Code of Practice Manual Handling Ensure area is clear  Refer to SDS for correct chemical handling requirements | | | | Worker  Worker |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SWMS Title: CONDUIT INSTALLATION IN GROUND** | | | **SWMS NO. 002** | Page 2 of 2 | |
| **Work Method / Task Description** | **Hazard Identification** | Actions / Controls for Prevention | | | Person Responsible |
| 6. Restore ground to client’s specifications | Manual handing,  Tripping | Implement manual handling risk control procedures in accordance with SWMS 015 and Code of Practice Manual Handling  Ensure area is clear is level. | | | Worker  Worker |
| *Additional items identified on site* |  |  | | | Supervisor/  Worker |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |

| <Replace this space with the name of your company>. <Company Address>. ABN: <ABN> | | | | | | Format 3 | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SWMS Title: CONDUIT INSTALLATION, WALLS AND CEILINGS** | | | | | **SWMS NO. 003** | Page 1 of 1 | |
| **Person responsible** for ensuring compliance with this SWMS: | **<Person responsible for SWMS Compliance>** **Contact Number: <Phone Number>** | | | | **Date: <Date>** | **Revision: 17.0** | |
| **Project / Client:** <Clients Name> | | | | **Location:** <Site Address> | | | |
| **Work Method / Task Description** | | **Hazard Identification** | Actions / Controls for Prevention | | | | Person Responsible |
| 1.Inspect work area and review SWMS on site | | Site specific hazards | Document site specific hazards and controls to be implemented | | | | Supervisor/  Worker |
| 2. Check layout and mark out | | Slips, trips & falls | Ensure area, in particular, walkways are clear of trip hazards Wear safety footwear | | | | Supervisor/  Worker |
| 3. Check equipment is tagged | | Electric Shock | Use only correctly tagged and calibrated equipment | | | | Worker |
| 4. Secure fixings and supports | | Debris and noise from drilling  Struck by falling objects  Falling | Use minimum drilling speed consistent with effective work.  Ensure drill bits are sharp  Use goggles for eye protection, suitable respiratory and hearing protection  Wear safety helmet. Restrict pedestrian movement in work area  Mobile scaffolds locked  Use ladders in accordance with SWMS 005  EWP trained and appropriately certificated where necessary  Use fall protection equipment when working at heights | | | | Worker  Worker  Worker |
| *Additional items identified on site* | |  | *Document additional items in the SWMS review book* | | | | *Supervisor/*  *Worker* |
|  | |  |  | | | |  |

| <Replace this space with the name of your company>. <Company Address>. ABN: <ABN> | | | | | | Format 3 | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SWMS Title: CABLE AND LADDER TRAY INSTALLATION** | | | | | **SWMS NO. 004** | Page 1 of 1 | |
| **Person responsible** for ensuring compliance with this SWMS: | **<Person responsible for SWMS Compliance>** **Contact Number: <Phone Number>** | | | | **Date: <Date>** | **Revision: 17.0** | |
| **Project / Client:** <Clients Name> | | | | **Location:** <Site Address> | | | |
| **Work Method / Task Description** | | **Hazard Identification** | Actions / Controls for Prevention | | | | Person Responsible |
| 1.Inspect work area and review SWMS on site | | Site specific hazards | Document site specific hazards and controls to be implemented | | | | Supervisor/  Worker |
| 2. Check layout and mark out | | Slips, trips & falls | Ensure area, in particular walkways are clear of trip hazards  Wear safety footwear | | | | Supervisor/  Worker |
| 3. Secure fixings and supports using correct type and size of bolts and fixings | | Debris and noise from drilling | Use minimum drilling speed consistent with effective work.  Use a PI respirator as a minimum where appropriate  Use eye protection eg, full face shield, goggles  Use hearing protection  Ensure drill bits are sharp. | | | | Worker |
| 4. Cut cable ladders or trays to fit using drop saw or 100mm angle grinder | | Noise, eye injuries  Cuts and abrasions | Use eye and hearing protection  Ensure workpiece is clamped. Use gloves when handling cable tray | | | | Worker  Worker |
| 5. Secure ladders or trays to support | | Working at heights, falls  Cuts and abrasions  Struck by falling objects  Manual handling | Use fall protection where appropriate  Use fall protection in accordance with SWMS 019 Use ladders in accordance with SWMS 005  Use gloves when handling cable tray  Wear safety helmet Restrict traffic movement in work area  Follow manual handling risk control procedures SWMS 015 and Code of Practice for Manual Handling | | | | Worker  Worker  Worker  Worker |
| 6. Remove sharp edges and protruding fixings | | Burns and fires from cutting and welding | Follow Hot Work procedures | | | | Worker |
| *Additional items identified on site* | |  |  | | | | *Supervisor/*  *Worker* |

| <Replace this space with the name of your company>. <Company Address>. ABN: <ABN> | | | | | Format 3 | |
| --- | --- | --- | --- | --- | --- | --- |
| **SWMS Title: USING PORTABLE LADDERS** | | | | **SWMS NO. 005** | Page 1 of 2 | |
| **Person responsible** for ensuring compliance with this SWMS: | **<Person responsible for SWMS Compliance>** **Contact Number: <Phone Number>** | | | **Date: <Date>** | **Revision: 17.0** | |
| **Project / Client:**<Clients Name> | | | **Location:** <Site Address> | | | |
| **Work Method / Task Description** | | **Hazard Identification** | Actions / Controls for Prevention | | | **Person Responsible** |
| 1.Inspect work area and review SWMS on site | | Site specific hazards | Document site specific hazards and controls to be implemented | | | Supervisor/  Worker |
| 2.Select appropriate ladder with regard to compliance with the relevant part of AS1892 and the work to be done | | Electric shock | Metal or wire reinforced ladders *shall not be used* for any work where there may be a live electrical installation. | | | Worker |
| 3.Inspect the ladder for condition | | Falling | Inspect ladders. Do not use damaged ladders. | | | Worker |
| 4.Handling extension ladders. | | Manual Handling  Ladder falling  Fingers caught in ladder rungs while extending ladder | Two man carry of large extension ladders.Two person lift to stand ladder up – one person footing ladder.  Ladder tied into position or footed until top of ladder can be secured.  Fingers away from ladder rungs while extending. | | | Worker  Worker  Worker |
| 5.Position ladder to ensure stability | | Falling  Ladder slipping into dangerous location | Position ladders a minimum of 1 metre from edges of slabs or floors. Increase this distance as working heights increase.  Straight or extension ladders to be secured at top and bottom.  Ladders need to extend 1 metre above landing level and to be long enough to work at least 1 metre from the top of the ladder.  Angle of ladder should be nominally 1 in 4  Always face the ladder when ascending or descending a ladder keep two hands and one foot on the ladder.  Fall protection to be used when working above 2.0 m | | | Worker |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SWMS Title: USING PORTABLE LADDER** | | | **SWMS NO. 005** | Page 2 of 2 | |
| **Work Method / Task Description** | **Hazard Identification** | Actions / Controls for Prevention | | | Person Responsible |
| 6.Using the ladder. | Falling  Dropping objects | Hoist tools and equipment with rope – keep both hands free for climbing.  Barricade area to prevent persons from walking under ladder while in use.  Do not overload pockets or tool belts with items that may fall out.  Ensure footwear is appropriate and free from mud or oil. | | | Worker  Worker |
| 7.Step Ladders | Falling on others | Erect stepladders on even and level surface.  Tie ladder to permanent structure if possible.  Clear people form the immediate area if possible. | | | Worker |
| 8.Working on step ladders | Falling | Employees instructed to not use top steps.  Not to straddle the step ladder  Not to reach out too far  Not to place tools and equipment on the top step unless designed for the task | | | Worker |
| 9.Removal of ladder | Falling | Leave base of ladder tied until the top is untied | | | Worker |
| *Additional items identified on site* |  |  | | | *Supervisor/*  *Worker* |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |

| <Replace this space with the name of your company>. <Company Address>. ABN: <ABN> | | | | | | Format 3 | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SWMS Title: INSTALLING LIGHT FITTINGS** | | | | | **SWMS NO. 006** | Page 1 of 1 | |
| **Person responsible** for ensuring compliance with this SWMS: | **<Person responsible for SWMS Compliance>** **Contact Number: <Phone Number>** | | | | **Date: <Date>** | **Revision: 17.0** | |
| **Project / Client:** <Clients Name> | | | | **Location:** <Site Address> | | | |
| **Work Method / Task Description** | | **Hazard Identification** | Actions / Controls for Prevention | | | | Person Responsible |
| 1.Inspect work area and review SWMS on site | | Site specific hazards | Document site specific hazards and controls to be implemented | | | | Supervisor/  Worker |
| 2. Check layout and mark out. | | Struck by falling objects  Slips, trips & falls | Keep lifting area clear of people. Barricade work area  Ensure area, in particular, walkways are clear of trip hazards Wear safety foot wear | | | | Supervisor/ Worker  Supervisor/  Worker |
| 3. Receive lights on site and confirm correct numbers and types | | Manual handling | Implement manual handling risk control procedures in accordance with SWMS 015 and Code of Practice for Manual Handling | | | | Worker |
| 4. Confirm cabling requirements. | | Electric shock | Test and confirm cables **before commencing work. Isolate and fit danger tags as appropriate** | | | | Worker |
| 5. Install light fitting base or bracket and terminate cabling or plug into lighting socket. | | Electric shock  Falling | Ensure power tools and leads are tagged  Use ladders or work platforms in accordance with SWMS 019 and SWMS 005 | | | | Worker  Worker |
| 6. Complete the fitting of any other parts. | | Falling | Use ladders or work platforms in accordance with SWMS 019 and SWMS 005 | | | | Worker |
| 7. Confirm fitting is secure and installed to specifications. | | Falling | Use ladders or work platforms in accordance with SWMS 019 | | | | Worker |
| 8. Clear area and remove isolation DANGER Tags | | Hand injuries | Use protective gloves. | | | | Worker |
| *Additional items identified on site* | |  |  | | | | *Supervisor/*  *Worker* |
|  | |  |  | | | |  |

| <Replace this space with the name of your company>. <Company Address>. ABN: <ABN> | | | | | | Format 3 | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SWMS Title: INSTALLATION OF SWITCHBOARDS** | | | | | **SWMS NO. 007** | Page 1 of 2 | |
| **Person responsible** for ensuring compliance with this SWMS: | **<Person responsible for SWMS Compliance>** **Contact Number: <Phone Number>** | | | | **Date: <Date>** | **Revision: 17.0** | |
| **Project / Client:** <Clients Name> | | | | **Location:** <Site Address> | | | |
| **Work Method / Task Description** | | **Hazard Identification** | Actions / Controls for Prevention | | | | Person Responsible |
| 1.Inspect work area and review SWMS on site | | Site specific hazards | Document site specific hazards and controls to be implemented | | | | Supervisor/  Worker |
| 2. Confirm installation specifications. | | N/A | N/A | | | | Supervisor/  Worker |
| 3. Mark out location ensuring coordination with other services.Prepare installation area and confirm adequate space including door swing for maintenance | | Tripping  Hand injuries | Ensure area, in particular, walkways are clear of trip hazards Wear safety footwear  Wear gloves | | | | Supervisor/  Worker  Worker |
| 4. Use crane or other mechanical handling equipment if needed. | | Struck by object | Ensure lifting aids are suitable for the task | | | | Worker |
| 5. Receive switchboard on site including test certificates. | | Falling objects  Manual handling | Keep lifting area clear of people and barricade area  Implement manual handling risk control procedures in accordance with SWMS 015 and Code of Practice Manual Handling | | | | Worker  Worker |
| 6. Transfer switchboards to installation location | | Falling objects  Manual Handling | Keep lifting area clear of people and barricade area  Use mechanical handling equipment Implement manual handling risk control procedures in accordance with SWMS 015 and Code of Practice Manual Handling | | | | Worker  Worker |
| 7. Install switchboard to manufacturer’s and client’s specifications. | | Manual Handling | Implement manual handling risk control procedures in accordance with SWMS 015 and Code of Practice Manual Handling | | | | Worker |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SWMS Title: INSTALLATION OF SWITCHBOARDS** | | | **SWMS NO. 007** | Page 2 of 2 | |
| **Work Method / Task Description** | **Hazard Identification** | Actions / Controls for Prevention | | | Person Responsible |
| 8. Commission switchboard  Clean area | Electric shock, explosion | Carry out pre-commission test and isolation procedures  Follow **Standard Safe Working Procedures**  **Refer to SWMS 038 - Energise & Commission Intallation** | | | Worker |
| *Additional items identified on site* |  |  | | | *Supervisor/*  *Worker* |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |

| <Replace this space with the name of your company>. <Company Address>. ABN: <ABN> | | | | | | Format 3 | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SWMS Title: INSTALLATION OF LIGHTING LOOMS** | | | | | **SWMS NO. 008** | Page 1 of 1 | |
| **Person responsible** for ensuring compliance with this SWMS: | **<Person responsible for SWMS Compliance>** **Contact Number: <Phone Number>** | | | | **Date: <Date>** | **Revision: 17.0** | |
| **Project / Client:** <Clients Name> | | | | **Location:** <Site Address> | | | |
| **Work Method / Task Description** | | **Hazard Identification** | Actions / Controls for Prevention | | | | Person Responsible |
| 1.Inspect work area and review SWMS on site | | Site specific hazards | Document site specific hazards and controls to be implemented | | | | Supervisor/  Worker |
| 2. Check drawings to confirm loom locations and specifications. | | N/A | N/A | | | | Supervisor/  Worker |
| 3. Receive cable and sockets bases on site and confirm correct types, sizes and numbers. | | Struck by falling object Manual handling  Hand injuries | Keep lifting area clear of people  Implement manual handling risk control procedures in accordance with SWMS 015 and Code of Practice Manual Handling  Wear gloves, Use tools appropriately | | | | Worker  Worker  Worker |
| 4. Construct lighting looms to client’s specifications. | | Hand injuries | Use correct tool to cut & strip wire.Wear gloves. | | | | Worker |
| 5. Label each loom with distribution board and circuit number. | | Potential Electric shock | Use only correctly tagged equipment | | | | Worker |
| 6. Install looms to client’s specifications. | | Falls from height | Use ladders in accordance with SWMS 005 Use fall protection as appropriate, in accordance with SWMS 019 | | | | Worker |
| 7. Confirm socket locations and fixings to client’s specification | | Falls from height | Use fall protection as appropriate, in accordance with WMS 019 | | | | Worker |
| 8. Install circuit feeds and switch wires to client’s specifications. | | Electric shock,  Falls | Do not work live. Isolate and tag out circuits.  Use ladders in accordance with SWMS 005 | | | | Worker  Worker |
| 9. Clean area. | | Hand injuries | Wear protective gloves | | | | Worker |
| *Additional items identified on site* | |  |  | | | | *Supervisor/*  *Worker* |

| <Replace this space with the name of your company>. <Company Address>. ABN: <ABN> | | | | | | Format 3 | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SWMS Title: INSTALLATION OF CABLE SUPPORTS** | | | | | **SWMS NO. 009** | Page 1 of 1 | |
| **Person responsible** for ensuring compliance with this SWMS: | **<Person responsible for SWMS Compliance>** **Contact Number: <Phone Number>** | | | | **Date: <Date>** | **Revision: 17.0** | |
| **Project / Client:** <Clients Name> | | | | **Location:** <Site Address> | | | |
| **Work Method / Task Description** | | **Hazard Identification** | Actions / Controls for Prevention | | | | Person Responsible |
| 1.Inspect work area and review SWMS on site | | Site specific hazards | Document site specific hazards and controls to be implemented | | | | Supervisor/  Worker |
| 2. Check location to drawing and specifications | | Tripping and exposed nails | Ensure area, in particular walkways, are clear of trip hazards Wear safety footwear | | | | Supervisor/ Worker |
| 3. Receive cable supports on site confirming correct type, size and number | | Struck by falling objects  Manual handling | Keep lifting area clear of people  Implement manual handling risk control procedures in accordance with SWMS 015 and Code of Practice for Manual Handling | | | | Worker  Worker |
| 4. Mark out route of cable supports to specifications confirming clearance of other services | | Falling from height | Use ladders in accordance with SWMS 005 Use fall protection in accordance with SWMS 019 | | | | Worker |
| 5. Install supports to client’s specifications supporting as necessary | | Electric shock  Falling from height | Ensure power tools and leads are tested and tagged  Use ladders in accordance with SWMS 005 | | | | Worker  Worker |
| 6. Confirm tightness of fixings | | Falling from height  Struck by falling objects | Use ladders in accordance with SWMS 005  Keep lifting area clear of people | | | | Worker  Worker |
| 7. Install cable supports | | Falling from height | Use ladders in accordance with SWMS 005  Use fall protection in accordance with SWMS 019 | | | | Worker |
| 8. Clean area | | Hand injuries | Wear gloves | | | | Worker |
| *Additional items identified on site* | |  |  | | | | *Supervisor/*  *Worker* |

| <Replace this space with the name of your company>. <Company Address>. ABN: <ABN> | | | | | | Format 3 | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SWMS Title: INSTALLATION OF MAINS** | | | | | **SWMS NO. 010** | Page 1 of 2 | |
| **Person responsible** for ensuring compliance with this SWMS: | **<Person responsible for SWMS Compliance>** **Contact Number: <Phone Number>** | | | | **Date: <Date>** | **Revision: 17.0** | |
| **Project / Client:** <Clients Name> | | | | **Location:** <Site Address> | | | |
| **Work Method / Task Description** | | **Hazard Identification** | Actions / Controls for Prevention | | | | Person Responsible |
| 1.Inspect work area and review SWMS on site | | Site specific hazards | Document site specific hazards and controls to be implemented | | | | Supervisor/  Worker |
| **Liaise with Supply Authority to coordinate to supply.**  2. Obtain Supply Authority Certificates and check drawings. | | N/A  N/A | N/A  N/A | | | | Supervisor |
| 3. Coordinate shutdowns with client. | | N/A | N/A | | | | Supervisor |
| 4. Receive mains on site. | | Falling objects  Manual handling | Keep lifting and work area clear of people Barricade area  Implement manual handling risk control procedures in accordance with SWMS 015 and Code of Practice for Manual Handling | | | | Worker  Worker |
| 5. Shut down and install DANGER Tags. | | Potential Electric shock | **Confirm NOT LIVE** before commencing work  Lock out required circuits | | | | Worker |
| 6. Remove existing mains terminations if applicable. Install mains to specifications. | | Potential Electric shock | **Confirm NOT LIVE** before commencing work | | | | Worker |
| 7. Terminate new mains to specifications. | | Potential Electric shock  Hand Injuries | **Confirm NOT LIVE** before commencing work  Use correct tools to cut & strip cables. Wear gloves | | | | Worker  Worker |
| 8. Confirm installation to drawings and specifications and ensure connections are tight | | Potential Electric Shock | **Confirm NOT LIVE** and identify cables before commencing work | | | | Worker |
| 9. Clean area | | Hand Injuries | Wear protective gloves. | | | | Worker |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SWMS Title: INSTALLATION OF MAINS - Continued** | | | **SWMS NO. 010** | Page 2 of 2 | |
| **Work Method / Task Description** | **Hazard Identification** | Actions / Controls for Prevention | | | Person Responsible |
| 10. Test installation | Potential Electric Shock | **Confirm NOT LIVE** and identify cables before commencing work  Isolate as required | | | Worker |
| 11. Liaise with Supply Authority for inspection and test. | N/A | N/A | | | Supervisor |
| 12. Remove DANGER Tags | N/A | N/A | | | Worker |
| 13. Energise supply | Potential Electric Shock | Follow **Standard Safe Working Procedures**  **Refer to SWMS 038 - Energise & Commission Intallation** | | | Supervisor/Worker |
| 14. Install signs or labels as required | Hand injuries | Use tools appropriately | | | Worker |
| *Additional items identified on site* |  |  | | | *Supervisor/*  *Worker* |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |

| <Replace this space with the name of your company>. <Company Address>. ABN: <ABN> | | | | | | Format 3 | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SWMS Title: INSTALLATION OF SWITCHBOARD CONNECTIONS ( NEW SWITCHBOARD )** | | | | | **SWMS NO. 011** | Page 1 of 2 | |
| **Person responsible** for ensuring compliance with this SWMS: | **<Person responsible for SWMS Compliance>** **Contact Number: <Phone Number>** | | | | **Date: <Date>** | **Revision: 17.0** | |
| **Project / Client:** <Clients Name> | | | | **Location:** <Site Address> | | | |
| **Work Method / Task Description** | | **Hazard Identification** | Actions / Controls for Prevention | | | | **Person Responsible** |
| 1.Inspect work area and review SWMS on site | | Site specific hazards | Document site specific hazards and controls to be implemented | | | | Supervisor/  Worker |
| **2. Confirm switchboard meets and has been installed to specifications** | | N/A | N/A | | | | Supervisor/Worker |
| 3. Confirm cables to be connected meet specifications and all cables have been installed. Check any specific requirements have been met. | | N/A | N/A | | | | Supervisor/Worker |
| 4. Group cables together as they enter switchboard and fix with cable ties. | | Hand injuries | Use suitable gloves | | | | Worker |
| 5. Separate cables into groups of like destination. Seal or plug any unused cable entries. | | Potential Electric shock | **Confirm NOT LIVE** before commencing work  Isolate and Lock Out as required | | | | Worker |
| 6. Mark each conductors prior to removing any secondary insulation. | | N/A | N/A | | | | Worker |
| 7. Group conductors of like destinations and fix into a loom system | | Hand injuries | Use suitable gloves | | | | Worker |
| 8. Align and terminate each conductor into its correct location. | | Potential Electric shock  Hand injuries | **Confirm NOT LIVE** before commencing work  Isolate and Lock Out as required  Use correct tools to cut & strip cables. Wear gloves | | | | Worker  Worker |
| 9. Check and tighten all terminations and connections | | Potential Electric shock | **Confirm NOT LIVE** before commencing work  Isolate and Lock Out as required | | | | Worker |
| 10. Confirm installation meets specifications | | N/A | N/A | | | | Worker |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SWMS Title: INSTALLATION OF SWITCHBOARD CONNECTIONS ( NEW SWITCHBOARD )** | | | **SWMS NO.** **011** | Page 2 of 2 | |
| **Work Method / Task Description** | **Hazard Identification** | Actions / Controls for Prevention | | | Person Responisble |
| 11. Install labels, signs or markings as required | N/A | N/A | | | Worker |
| 12. Clean switchboard | Hand injuries | Use suitable gloves | | | Worker |
| 13. Confirm all circuits have been completed and DANGER Tag any incomplete circuits. | N/A | N/A | | | Worker |
| 14. Test and commission switchboard using relevant procedures. Confirm phase rotation of all 3 phase equipment | Potential Electric Shock | Follow **Standard Safe Working Procedures**  **Refer to SWMS 038 - Energise & Commission Intallation** | | | Supervisor/  Worker |
| 15. Complete records | N/A | N/A | | | Worker |
| *Additional items identified on site* |  | *Document additional items in the SWMS review book* | | | *Supervisor/*  *Worker* |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |

| <Replace this space with the name of your company>. <Company Address>. ABN: <ABN> | | | | | | Format 3 | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SWMS Title: INSTALLATION OF SUBMAINS** | | | | | **SWMS NO. 012** | Page 1 of 2 | |
| **Person responsible** for ensuring compliance with this SWMS: | **<Person responsible for SWMS Compliance>** **Contact Number: <Phone Number>** | | | | **Date: <Date>** | **Revision: 17.0** | |
| **Project / Client:** <Clients Name> | | | | **Location:** <Site Address> | | | |
| **Work Method / Task Description** | | **Hazard Identification** | Actions / Controls for Prevention | | | | Person Responsible |
| 1.Inspect work area and review SWMS on site | | Site specific hazards | Document site specific hazards and controls to be implemented | | | | Supervisor/  Worker |
| 2. Check location to drawings and specification layout and mark out | | Tripping and exposed nail | Ensure area, in particular walkways, are clear of trip hazards  Wear safety foot wear | | | | Supervisor/  Worker |
| 3. Plan installation so as to work towards the main switchboard. | | Potential Electric shock | Connections to the main switchboard to be made only when it is **CONFIRMED NOT LIVE** Isolate and Tag Out | | | | Supervisor/Worker |
| 4. Confirm cable specifications and condition. | | N/A | N/A | | | | Worker |
| 5. Install cable to client’s specifications. | | Potential Electric shock  Falls  Manual handling  Hand Injuries | Ensure that no bare conductors can contact any live parts.  Effectively insulate both ends of all cables near any live parts.  Restrain the ends of all cables near any live parts.  Use ladders in accordance with SWMS 005  Use fall protection as appropriate, in accordance with SWMS 019  Implement manual handling risk control procedures in accordance  with SWMS 015 and Code of Practice for Manual Handling  Use correct tools to cut & strip cables. Wear gloves | | | | Worker  Worker  Worker  Worker |
| 6. Terminate submains to specifications. | | Electric shock | Isolate main switchboard and install DANGER TAGS.  **CONFIRMED NOT LIVE** before making any connections | | | | Worker |
| 7. Clean area | | Hand injuries | Wear protective gloves | | | | Worker |
| 8. Test installation | | Electric shock | **CONFIRMED NOT LIVE** and identify cables before commencing work | | | | Worker |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SWMS Title: INSTALLATIONS OF SUBMAINS** | | | **SWMS NO. 012** | Page 2 of 2 | |
| **Work Method / Task Description** | **Hazard Identification** | Actions / Controls for Prevention | | | Person Responsible |
| 9. Remove DANGER TAGS | N/A | N/A | | | Worker |
| 10. Energise main switchboard. | Electric shock | Follow **Standard Safe Working Procedures as per SWMS 038 - Energise & Commission Intallation** | | | Supervisor/  Worker |
| 11. Install signs or labels are required. | Hand injuries | Use tools appropriately | | | Worker |
| *Additional items identified on site* |  |  | | | *Supervisor/*  *Worker* |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |

| <Replace this space with the name of your company>. <Company Address>. ABN: <ABN> | | | | | | Format 3 | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SWMS Title: INSTALLATION OF POWER AND LIGHT CABLING** | | | | | **SWMS NO. 013** | Page 1 of 1 | |
| **Person responsible** for ensuring compliance with this SWMS: | **<Person responsible for SWMS Compliance>** **Contact Number: <Phone Number>** | | | | **Date: <Date>** | **Revision: 17.0** | |
| **Project / Client:** <Clients Name> | | | | **Location:** <Site Address> | | | |
| **Work Method / Task Description** | | **Hazard Identification** | Actions / Controls for Prevention | | | | Person Responnsible |
| 1.Inspect work area and review SWMS on site | | Site specific hazards | Document site specific hazards and controls to be implemented | | | | Supervisor/  Worker |
| 2. Check location to drawings and specification layout and mark out | | Tripping | Ensure area, in particular walkways, are clear of trip hazards  Wear safety foot wear | | | | Supervisor/  Worker |
| 3. Plan installation so as to work towards the main switchboard. | | Electric shock | Connections to the main switchboard to be made only when it is **CONFIRMED NOT LIVE**. Isolate and Lock Out & Tag | | | | Supervisor/Worker |
| 4. Confirm cable specifications and condition. | | N/A | N/A | | | | Worker |
| 5. Install cable to client’s specifications. | | Electric shock  Falls  Manual handling | Ensure that no bare conductors can contact any live parts. Effectively insulate both ends of all cables near any live parts. Restrain the ends of all cables near any live parts.  Use ladders in accordance with SWMS 005  Use fall protection as appropriate, in accordance with SWMS 019  Implement manual handling risk control procedures in accordance with SWMS 015 and Code of Practice for Manual Handling | | | | Worker  Worker  Worker |
| 6. Terminate submains to specifications. | | Electric shock  Hand Injuries | Isolate main switchboard and install DANGER TAGS.  **CONFIRMED NOT LIVE** before making any connections  Use correct tools to cut & strip cables. Wear gloves | | | | Worker  Worker |
| 7. Clean area | | Hand injuries | Wear protective gloves | | | | Worker |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SWMS Title:INSTALLATION OF POWER AND LIGHT CABLING** | | | **SWMS NO. 013** | Page 2 of 2 | |
| **Work Method / Task Description** | **Hazard Identification** | Actions / Controls for Prevention | | | Person Responsible |
| 8. Test installation | Electric shock | **CONFIRMED NOT LIVE** and identify cables before commencing work | | | Worker |
| 9. Remove DANGER TAGS | N/A | N/A | | | Worker |
| 10. Energise main switchboard. | Electric shock | Follow **Standard Safe Working Procedures as per SWMS 038 - Energise & Commission Intallation** | | | Supervisor/ Worker |
| 11. Install signs or labels are required. | Hand injuries | Use tools appropriately | | | Worker |
| *Additional items identified on site* |  |  | | | *Supervisor/*  *Worker* |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |

| <Replace this space with the name of your company>. <Company Address>. ABN: <ABN> | | | | | | Format 3 | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SWMS Title: INSTALLATION OF POWER POINTS** | | | | | **SWMS NO. 014** | Page 1 of 2 | |
| **Person responsible** for ensuring compliance with this SWMS: | **<Person responsible for SWMS Compliance>** **Contact Number: <Phone Number>** | | | | **Date: <Date>** | **Revision: 17.0** | |
| **Project / Client:** <Clients Name> | | | | **Location:** <Site Address> | | | |
| **Work Method / Task Description** | | **Hazard Identification** | Actions / Controls for Prevention | | | | Person Responsible |
| 1.Inspect work area and review SWMS on site | | Site specific hazards | Document site specific hazards and controls to be implemented | | | | Supervisor/  Worker |
| 2. Check layout to drawings and specifications and confirm with client | | N/A | N/A | | | | Supervisor/  Worker |
| 3. Check walls, cavities and ceilings for other services . | | Explosion/ Electric shock  Falls  Personal injury | Confirm location of any existing water pipes, gas lines, power or telephone cables  Isolate, Lock out & Tag other services as required  Use fall protection as appropriate in accordance with SWMS 019 Use ladders in accordance with SWMS 005 Ensure area is clear  Wear safety footwear, use suitable gloves | | | | Worker  Worker  Worker |
| 4. Check equipment is tagged | | Electric Shock | Use only correctly tagged tools and equipment | | | | Worker |
| 5.Fit power point mounting brackets as required | | Debris and noise from drilling  Falls | Use minimum drilling speed consistent with effective work Use appropriate respiratory, eye and hearing protection Eg. Full face shield or goggles  Keep drill bits sharp  Use fall protection as appropriate in accordance with SWMS 019 Use ladders in accordance with SWMS 005 | | | | Worker  Worker |
| 6. Tape or insulate ends of new cable to prevent electrical contact | | Potential Electric Shock | Use suitable insulating material | | | | Worker |
| 7. Run Cables | | Electric Shock  Hand injuries | **Confirm NOT LIVE** before commencing work -Isolate, Lock Out & Tag  Wear gloves | | | | Worker  Worker |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SWMS Title: INSTALLATION OF POWER POINTS** | | | **SWMS NO. 014** | Page 2 of 2 | |
| **Work Method / Task Description** | **Hazard Identification** | *Actions / Controls for Prevention* | | | **Person Responsible** |
| 8. Connect power points | Electric Shock  Falling | **Confirm NOT LIVE** before commencing work -Isolate, Lock Out & Tag  Use ladder or elevated work platform as appropriate  Use fall protection as appropriate, in accordance with SWMS 019 | | | Worker  Worker |
| 9. Confirm fittings are secure and installed to specifications | Electric shock | **Confirm NOT LIVE** before commencing work -Isolate, Lock Out & Tag | | | Worker |
| 10. Clear area and remove Isolation and DANGER Tags | Hand Injuries | Wear gloves | | | Worker |
| *Additional items identified on site* |  |  | | | *Supervisor/*  *Worker* |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |

| <Replace this space with the name of your company>. <Company Address>. ABN: <ABN> | | | | | | Format 3 | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SWMS Title: Manual Handling** | | | | | **SWMS NO. 015** | Page 1 of 2 | |
| **Person responsible** for ensuring compliance with this SWMS: | **<Person responsible for SWMS Compliance>** **Contact Number: <Phone Number>** | | | | **Date: <Date>** | **Revision: 17.0** | |
| **Project / Client:** <Clients Name> | | | | **Location:** <Site Address> | | | |
| **Work Method / Task Description** | | **Hazard Identification** | Actions / Controls for Prevention | | | | Person Responsible |
| Inspect work area and review SWMS on site | | Site specific hazards | Document site specific hazards and control measures | | | | Supervisor/ Worker |
| Risk Assessment | | N/A | Consider the task at hand and assess the risk factors which are likely to cause manual handling injuries, taking into account the following factors –   * Actions and movements used; * Layout/condition of work environment; * Posture of the body whilst working; * Duration and frequency of the task; * Weight and position of the object and its intended final location; * Nature of the object; * Work organisation; * Age, skill and experience of the worker;   Force applied. | | | | Supervisor/ Worker |
| Risk Control | | N/A | When a manual handling risk has been identified, take steps to control it by –   * Redesigning the task to remove or minimise the risk; * If redesign is not possible, use mechanical aids (where practicable) to assist in the task and remove the manual handling risk;   If neither is possible, then provide particular training/ education to the worker(s) to control the risk. | | | | Supervisor/ Worker |
| Preparation: Assess size, shape, condition and weight of load(s). | | Slips, trips and falls. | Ensure personnel are trained in manual handling and/or effectively supervised.  If load is heavy or awkward, get help. DO NOT TRY TO LIFT ON YOUR OWN.  Use team lifts for heavy, long or awkward loads and control and coordinate team movements with signals. | | | | Supervisor/ Worker |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SWMS Title: Manual Handling** | | | **SWMS NO. 015** | Page 2 of 2 | |
| **Work Method / Task Description** | **Hazard Identification** | Actions / Controls for Prevention | | | Person Responsible |
| Preparation: Assess workflow and work area. | Slips, trips and falls. | Eliminate unnecessary manual handling- Use mechanical aids where possible.  Allow for frequent rest periods and job rotation.  Organise a smooth work flow.  Ensure personnel are trained in safe lifting procedures.  Ensure workplace is uncluttered and well lit & floor surfaces are even and non slip. | | | Supervisor/ Worker |
| Lift and carry objects. | Muscular skeletal  stress / injury  Slips, trips and falls.  Lacerations and abrasions.  Crush injuries. | Allow for frequent rest periods and job rotation.  Ensure new workers are adequately supervised.  Perform all movements in a controlled, balanced and comfortable position.  Minimise repetitive bending, twisting and over reaching movements.  Use correct lifting techniques, including-   * Position your feet as close as possible to the load. * Adopt a balanced position with your knees bent. * Get a safe secure grip diagonally across the object with the palms of your hands.fingertips. * Beware of sharp edged materials – wear safety gloves. * Keep your upper body erect and as straight as possible. * Tuck your chin in, draw your shoulders back and use your body weight to take up the load weight – ensure a proper grip. * Take a deep breath, keep your head up and begin to lift the load by straightening your legs. * Complete the lift with your head held straight. * Hold and carry the load close to your body to reduce the strain on your arms, shoulders and back. * Use your body weight to counter-balance the load weight by leaning slightly backwards as you move. * Use your feet to change direction – do not twist your body, hips or shoulders. * Avoid carrying loads that obstruct your view, particularly on inclines, declines or stairways. * Avoid repetitive lifts from below mid-thigh height and above shoulder height.   Avoid single handed repetitive lifts and avoid lifting while leaning over to reach the load. | | | Worker  Worker  Worker  Worker |
| *Additional items identified on site* |  |  | | | Supervisor/  Worker |

| <Replace this space with the name of your company>. <Company Address>. ABN: <ABN> | | | | | | Format 3 | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SWMS Title: Working With Elevated Work Platforms** | | | | | **SWMS NO. 016** | Page 1 of 2 | |
| **Person responsible** for ensuring compliance with this SWMS: | **<Person responsible for SWMS Compliance>** **Contact Number: <Phone Number>** | | | | **Date: <Date>** | **Revision: 17.0** | |
| **Project / Client:** <Clients Name> | | | | **Location:** <Site Address> | | | |
| **Work Method / Task Description** | | **Hazard Identification** | Actions / Controls for Prevention | | | | Person Responsible |
| 1. Inspect work area and review SWMS on site | | Site specific hazards | Document site specific hazards and control measures | | | | Supervisor/ Worker |
| 2. Select appropriate machine and operator for the task | | Inappropriate equipment  Unqualified operator | Ensure the EWP is suited for the task and environment  Ensure the operator is suitablly trained and where required, has the appropriate High Risk Licence for the machine being used | | | | Supervisor/ Worker  Supervisor/ Worker |
| 3. Check that machine is safe to use mechanically. | | Machine failure, personal injury | Check logbook, hydraulics, tyres, audible alarm, and warning lights | | | | Worker |
| 4. Check electrical equipment on machine. | | Electric shock | Check general purpose outlet, residual current device and earth continuity between earth pin and machine frame. Trip test RCD. | | | | Worker |
| 5. Check surfaces on which the machine is to be used. | | Machine instability  Personal injuries | Use machine only on stable, level surfaces in accordance with the manufacturers instructions. | | | | Worker |
| 6. Secure working area. | | Pedestrians  Falling objects | Barricade working area, Use a spotter as required, erect signs.  Tie tools on, and secure objects left at height. | | | | Worker  Worker |
| 7. Prevent falls. | | Personal injuries | Use harness with lanyard and shock absorber. Ensure attachment point is appropriate. **Stay wholly within the bucket at all times.** Enter or exit bucket only while lowered. Do not use EWP in high winds | | | | Worker |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SWMS Title: Working With Elevated Work Platforms** | | | **SWMS NO. 016** | Page 2 of 2 | |
| **Work Method / Task Description** | **Hazard Identification** | Actions / Controls for Prevention | | | Person Responsible |
| 7. Check services in work area. | Electric shock | Isolate as required. Ensure required clearance from conductors and power lines. Use spotter in proximity to overhead services | | | Worker |
| 8. Emergency retrieval | Suspension  Plant Failure | Lower via emergency control on EWP  Notify Site Management – Activate Site Incident response procedure as per Site OHS Co Ordination Plan  Use another EWP or build scaffolding to support body weight where possible.  Lower via emergency control on EWP  Use another EWP to transfer personnel | | | All  All  All  All  All |
| 9. Storing EWP | Unauthorised use | Park EWP in designated area and away from access ways  Remove and secure key | | | Supervisor/  Worker |
| 10. Recharging | Electric Shock /  Explosion | Use only RCD protected supply to recharge machine  Recharge in a dry well ventilated area away from access ways. | | | Supervisor/  Worker |
| *Additional items identified on site* |  |  | | | Supervisor/  Worker |
|  |  |  | | |  |
|  |  |  | | |  |

| <Replace this space with the name of your company>. <Company Address>. ABN: <ABN> | | | | | | Format 3 | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SWMS Title: ERECTING AND USING MOBILE SCAFFOLDS** | | | | | **SWMS NO. 017** | Page 1 of 1 | |
| **Person responsible** for ensuring compliance with this SWMS: | **<Person responsible for SWMS Compliance>** **Contact Number: <Phone Number>** | | | | **Date: <Date>** | **Revision: 17.0** | |
| **Project / Client:** <Clients Name> | | | | **Location:** <Site Address> | | | |
| **Work Method / Task Description** | | **Hazard Identification** | Actions / Controls for Prevention | | | | Person Responsible |
| **Note – Only holders of the the appropriate High Risk Work Licence may erect or alter scaffold over 4.0 metres high** | | | | | | | |
| 1.Inspect work area and review SWMS on site | | Site specific hazards | Document site specific hazards and controls to be implemented | | | | Supervisor/  Worker |
| 2. Erect scaffold in accordance with the manufacturers or supplier’s instructions. | | Unstable ground.  Falling.  Electric Shock  Manual Handling. | Place appropriate soleboards under standards.  Ensure handrails are fitted as erection proceeds.  Use fall protection as appropriate, in accordance with SWMS 019  Ensure safe distances are maintained from powerlines  Implement manual handling risk control procedures in accordance with SWMS 015 and Code of Practice for Manual Handling | | | | Worker  Worker  Worker  Worker |
| 3. Check surfaces on which the scaffold is to be used. | | Collapse.  Scaffold instability . | Use scaffold only on stable, level surfaces in accordance with the manufacturer’s instructions. | | | | Worker |
| 4. Secure working area. | | Personal injuries. | Barricade working area, erect signs, tie tools on, and secure objects left at height. | | | | Worker |
| 5. Observe safe work procedures. | | Personal injuries. | Wear appropriate personal protective equipment. Stay wholly within the scaffold at all times.  Use appropriate fall protection. Ensure SWL is observed and wheels are locked when in working position.  Do not use the Scaffolding in high winds | | | | Worker |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SWMS Title: ERECTING AND USING MOBILE SCAFFOLD** | | | **SWMS NO. 017** | Page 2 of 2 | |
| **Work Method / Task Description** | **Hazard Identification** | Actions / Controls for Prevention | | | Person Responsible |
| 6. Check services in work area. | Electric Shock | Ensure required clearance from conductors and power lines  Use a spotter as required when moving scaffolding in the vicinity of overhead services. | | | Worker |
| *Additional items identified on site* |  |  | | | *Supervisor/*  *Worker* |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |

| <Replace this space with the name of your company>. <Company Address>. ABN: <ABN> | | | | | | Format 3 | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SWMS Title: Dismantling Mobile Scaffolds** | | | | | **SWMS NO. 018** | Page 1 of 1 | |
| **Person responsible** for ensuring compliance with this SWMS: | **<Person responsible for SWMS Compliance>** **Contact Number: <Phone Number>** | | | | **Date: <Date>** | **Revision: 17.0** | |
| **Project / Client:** <Clients Name> | | | | **Location:** <Site Address> | | | |
| **Work Method / Task Description** | | **Hazard Identification** | Actions / Controls for Prevention | | | | Person Responsible |
| **NB: - Only holders of appropriate High Risk Work Licence may alter or dismantle scaffolds over 4.0 m high** | | | | | | | |
| 1.Inspect work area and review SWMS on site | | Site specific hazards | Document site specific hazards and controls to be implemented | | | | Supervisor/  Worker |
| 2. Dismantle scaffold in accordance with the manufacture’s or supplier’s instructions. | | Falling  Electric shock.  Overturning.  Falling objects.  Manual handling  Personal injury. | Use fall protection as appropriate, in accordance with SWMS 019  Ensure safe distances are maintained from conductors.Isolate, Lock Out & Tag conductors where possible.  Remove lower ties only when the scaffold is dismantled down to that level.  Ensure work platform is clean prior to dismantling.Keep area clear of pedestrians  Implement manual handling risk control procedures in accordance with SWMS 015 and Code of Practice for Manual Handling  **Ensure ropes for lowering equipment are securely tied**. | | | | Worker  Worker  Worker  Worker  Worker  Worker |
| 3. Secure working area. | | Personal injury | Barricade working area and erect signs. | | | | Worker |
| *Additional items identified on site* | |  |  | | | | *Supervisor/*  *Worker* |
|  | |  |  | | | |  |

| <Replace this space with the name of your company>. <Company Address>. ABN: <ABN> | | | | | | Format 3 | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SWMS Title: WORKING AT HEIGHTS** | | | | | **SWMS NO. 019** | Page 1 of 2 | |
| **Person responsible** for ensuring compliance with this SWMS: | **<Person responsible for SWMS Compliance>** **Contact Number: <Phone Number>** | | | | **Date: <Date>** | **Revision: 17.0** | |
| **Project / Client:** <Clients Name> | | | | **Location:** <Site Address> | | | |
| **Work Method / Task Description** | | **Hazard Identification** | *Actions / Controls for Prevention* | | | | **Person Responsible** |
| Inspect work area and review SWMS on site | | Site specific hazards | Document site specific hazards and controls to be implemented | | | | Supervisor/  Worker |
| Working at heights can be in the form of :-  Working on a roof, on the top of a tank, from an elevated platform, from a ladder, a building façade, a building under construction / renovation, working on a structure e.g. steel, timber, concrete, slippery surface, sloping surface, working over water, in or near lift shafts, within 2.0 m of an edge where there is the potential to fall 2.0 m or more.  *Continued over page* | | Falling.  Personal injury | Recommended controls for fall protection can be in three forms or a combination of either :-  1. Fall prevention – placing a physical barrier to  prevent personnel working where they can fall  e.g. Walls, Mesh screening, Guardrailing / Handrails, Fixed barricading set back 2.0m from any fall potential  2. Fall restraint – limiting personnel from reaching the point of potential fall  e.g. Parachute type full body safety harness with a  limited length inertia reel connected to a fixed point or static line. Roofing kneel boards to spread the load over a span | | | | Supervisor/Worker  Supervisor/Worker |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SWMS Title: Working At Heights** | | | **SWMS NO** **019** | Page 2 of 2 | |
| **Work Method / Task Description** | **Hazard Identification**  **Risk Level** | Actions / Controls for PreventionResidual Risk | | | Person Responsible |
| Or  Where there is potential for personnel to come within 2.0m of falling 2.0m or more |  | 3. Fall arrest – providing personnel with protection if they do fall  e.g. Industrial safety nets, parachute type full body safety harness connected to a fixed length lanyard and shock absorber connected to a fixed point or static line, or a parachute type full body safety harness connected to an inertia reel to a fixed point  or static line  Further forms of working at height which provide varying degrees of protection include :-  Swing stages, Mast climbing work platforms, Scaffolding, Crane man / work box, Elevated Work Platforms, Ladders – in some cases personnel need to be trained and certificated to operate this equipment | | |  |
| *Additional items identified on site* |  |  | | | *Supervisor/*  *Worker* |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |

| <Replace this space with the name of your company>. <Company Address>. ABN: <ABN> | | | | | | Format 3 | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SWMS Title: INSTALLATION OF NEW WORK IN EXISTING SWITCHBOARDS ( NOT LIVE WORK )** | | | | | **SWMS NO. 020** | Page 1 of 2 | |
| **Person responsible** for ensuring compliance with this SWMS: | **<Person responsible for SWMS Compliance>** **Contact Number: <Phone Number>** | | | | **Date: <Date>** | **Revision: 17.0** | |
| **Project / Client:** <Clients Name> | | | | **Location:** <Site Address> | | | |
| **Work Method / Task Description** | | **Hazard Identification** | Actions / Controls for Prevention | | | | Person Responsible |
| 1.Inspect work area and review SWMS on site | | Site specific hazards | Document site specific hazards and controls to be implemented | | | | Supervisor/  Worker |
| 2. Check drawings and specifications | | N/A | N/A | | | | Supervisor/Worker |
| 3. Arrange isolation of section of, or complete switchboard, with client | | N/A | N/A | | | | Supervisor/Worker |
| 4. Isolate section of, or complete switchboard, or install insulating barriers | | Electric Shock | **Confirm NOT LIVE** before commencing work Follow **Standard Safe Working Procedures** Isolate, Lockout & Tag | | | | Worker |
| 5. Fit DANGER Tags to isolation devices | | N/A | N/A | | | | Worker |
| 6. Test that work area has been safely isolated | | Electric Shock | **Confirm NOT LIVE** before commencing work Follow **Standard Safe Working Procedures** Isolate, Lockout & Tag | | | | Worker |
| 7. Complete installation to client's specifications | | Electric Shock | Test and identify cables before commencing work **Confirm NOT LIVE** before commencing work Isolate, Lockout & Tag | | | | Worker |
| 8. Check and tighten all terminations and connections | | Electric Shock | **Confirm NOT LIVE** before commencing work Follow **Standard Safe Working Procedures** Isolate, Lockout & Tag | | | | Worker |
| 9. Confirm installation meets specifications | | N/A | N/A | | | | Worker |
| 10. Fit DANGER Tags to any incomplete work | | N/A | N/A | | | | Worker |
| 11. Install labels, signs or markings as required | | N/A | N/A | | | | Worker |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SWMS Title: INSTALLATION OF NEW WORK IN EXISTING SWITCHBOARDS, ( NOT LIVE WORK )** | | | **SWMS NO. 020** | Page 2 of 2 | |
| **Work Method / Task Description** | **Hazard Identification** | Actions / Controls for Prevention | | | Person Responsible |
| 12. Clean work area | Hand injuries | Wear protective gloves | | | Worker |
| 13. Test and commission switchboard using relevant procedures. Confirm phase rotation of all 3 phase equipment | Electric Shock | Follow **Standard Safe Work Procedures**  **Refer to SWMS 038 - Energise & Commission Intallation** | | | Worker |
| 14. Complete records | N/A | N/A | | | Worker |
| *Additional items identified on site* |  |  | | | *Supervisor/*  *Worker* |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |

| <Replace this space with the name of your company>. <Company Address>. ABN: <ABN> | | | | | | Format 3 | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SWMS Title: WORKING IN RISERS** | | | | | **SWMS NO. 021** | Page 1 of 1 | |
| **Person responsible** for ensuring compliance with this SWMS: | **<Person responsible for SWMS Compliance>** **Contact Number: <Phone Number>** | | | | **Date: <Date>** | **Revision: 17.0** | |
| **Project / Client:** <Clients Name> | | | | **Location:** <Site Address> | | | |
| **Work Method / Task Description** | | **Hazard Identification** | Actions / Controls for Prevention | | | | Person Responsible |
| 1.Inspect work area and review SWMS on site | | Site specific hazards | Document site specific hazards and controls to be implemented | | | | Supervisor/  Worker |
| 2. Check location to drawing and reference to specification layout and mark out. | | Tripping and exposed nails | Ensure area, in particular, walkways are clear Wear safety footwear | | | | Supervisor/Worker |
| 3. Check for access to riser and have clear working area | | Falling, falling objects | Wear safety helmets  Use fall protection as appropriate, in accordance with SWMS 019 Provide training and use entry permits when appropriate | | | | Worker |
| 4. Check for confined spaces | | Confined space | Implement **Confined Space Procedure** if necessary | | | | Worker |
| 5. Check for adequate lighting | | Work restrictions | Use supplementary lighting if necessary | | | | Worker |
| 6. Protect all openings to risers | | Falling | Builder to provide protection | | | | Worker |
| 7. Install warning signs | | Object falling | Using appropriate sign eg,**“DANGER MEN WORKING ABOVE”**  Barricade area below | | | | Worker |
| *Additional items identified on site* | |  |  | | | | *Supervisor/*  *Worker* |
|  | |  |  | | | |  |

| <Replace this space with the name of your company>. <Company Address>. ABN: <ABN> | | | | | | Format 3 | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SWMS Title: INSTALLATION OF PYROTENAX, (MIMS), CABLE** | | | | | **SWMS NO. 022** | Page 1 of 1 | |
| **Person responsible** for ensuring compliance with this SWMS: | **<Person responsible for SWMS Compliance>** **Contact Number: <Phone Number>** | | | | **Date: <Date>** | **Revision: 17.0** | |
| **Project / Client:** <Clients Name> | | | | **Location:** <Site Address> | | | |
| **Work Method / Task Description** | | **Hazard Identification** | Actions / Controls for Prevention | | | | Person Responsible |
| 1.Inspect work area and review SWMS on site | | Site specific hazards | Document site specific hazards and controls to be implemented | | | | Supervisor/  Worker |
| 2. Check location to drawing and specification layout and mark out | | Slips, trips & falls | Ensure area, in particular walkways, are clear of trip hazards  Wear safety footwear | | | | Supervisor/Worker |
| 3. Confirm cable specification and condition. | | N/A | N/A | | | | Worker |
| 4. Confirm cable supports on conduits have been installed to specifications. | | Falls | Refer to SWMS 004, cable and ladder tray installation  Use ladders in accordance with SWMS 005 | | | | Worker |
| 5. Install rollers on other protection to client’s specifications. | | Falls | Use fall protection as appropriate, in accordance with WMS 019 | | | | Worker |
| 6. Install cable stands to client’s specifications. | | Manual handling | Implement manual handling risk control procedures in accordance with SWMS 015 and Code of Practice Manual Handling | | | | Worker |
| 7. Install cable manually with rope or winch as appropriate to client’s specification. | | Manual handling | Implement manual handling risk control procedures in accordance with SWMS 015 and Code of Practice Manual Handling | | | | Worker |
| 8. Cut any excess cable and seal exposed ends to manufacturer’s recommendations | | Hand injuries | Wear protective gloves  Use tools in accordance with manufacturer’s instruction | | | | Worker |
| 9. Locate/dress cable to fix in position to client’s specification. | | Falls | Use ladders in accordance with SWMS 005  Use fall protection as appropriate, as per SWMS 019 | | | | Worker |
| *Additional items identified on site* | |  |  | | | | *Supervisor/*  *Worker* |
|  | |  |  | | | |  |

| <Replace this space with the name of your company>. <Company Address>. ABN: <ABN> | | | | | | Format 3 | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SWMS Title: ISOLATION AND TESTING OF ENERGY SOURCES** | | | | | **SWMS NO. 023** | Page 1 of 2 | |
| **Person responsible** for ensuring compliance with this SWMS: | **<Person responsible for SWMS Compliance>** **Contact Number: <Phone Number>** | | | | **Date: <Date>** | **Revision: 17.0** | |
| **Project / Client:** <Clients Name> | | | | **Location:** <Site Address> | | | |
| **Work Method / Task Description** | | **Hazard Identification** | Actions / Controls for Prevention | | | | Person Responsible |
| 1.Inspect work area and review SWMS on site | | Site specific hazards | Document site specific hazards and controls to be implemented | | | | Supervisor/  Worker |
| 2.Identify **ALL** energy sources to be isolated. | | **Electric Shock** | Use PPE designed for electrical testing | | | | Supervisor/  Worker |
| 3.Isolate **ALL** power sources associated with the works to be carried out as per site requirements and install insulating barriers. | | **Electric Shock** | Ensure power sources where inadvertent contact could occur in the course of works to be conducted are also isolated. | | | | Supervisor/  Worker |
| 4.Fit DANGER TAGS to isolation devices. | | **Electric Shock** | Isolate, Lockout and Tag required curcuits | | | | Worker |
| 5.Check testing equipment for integrity and ensure it is in good working order. | | **Electric Shock** | Prove electrical testing equipment is working correctly before proving apparatus is de-energised. | | | | Worker |
| 6.Test that works area has been safely isolated.  Install prohibited area signage or barricade isolation sources. | | Electric Shock | Confirm de-energisation before commencing work  Follow Standard Working Procedures | | | | Worker |
| 7.Confirm installation or repair to client’s specifications. | | N/A | N/A | | | | Worker |
| 8.Fit DANGER TAGS to any incomplete work. | | N/A | N/A | | | | Worker |
| 9.Test and commission new installation or repairs following relevant procedures. Confirm phase rotation of all 3-phase equipment. | | Electric Shock | Follow Standard Working Procedures  **Refer to SWMS 038 - Energise & Commission Intallation** | | | | Worker |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SWMS Title: ISOLATION AND TESTING OF ENERGY SOURCES** | | | **SWMS NO. 023** | Page 2 of 2 | |
| **Work Method / Task Description** | **Hazard Identification** | Actions / Controls for Prevention | | | Person Responsible |
| 10.Re-energise equipment and apparatus and return to service. | Electric Shock | Follow Standard Working Procedures  **Refer to SWMS 038 - Energise & Commission Intallation** | | | Supervisor/  Worker |
| *Additional items identified on site* |  |  | | | *Supervisor/*  *Worker* |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |

| <Replace this space with the name of your company>. <Company Address>. ABN: <ABN> | | | | | | Format 3 | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SWMS Title: INSTALLATION OF EQUIPMENT RACKS** | | | | | **SWMS NO. 024** | Page 1 of 1 | |
| **Person responsible** for ensuring compliance with this SWMS: | **<Person responsible for SWMS Compliance>** **Contact Number: <Phone Number>** | | | | **Date: <Date>** | **Revision: 17.0** | |
| **Project / Client:** <Clients Name> | | | | **Location:** <Site Address> | | | |
| **Work Method / Task Description** | | **Hazard Identification** | Actions / Controls for Prevention | | | | Person Responsible |
| 1.Inspect work area and review SWMS on site | | Site specific hazards | Document site specific hazards and controls to be implemented | | | | Supervisor/  Worker |
| 2.Confirm installation specifications | | N/A | N/A | | | | Supervisor/  Worker |
| 3. Mark out location ensuring coordination with other services. Prepare installation area and confirm adequate space including door swing for maintenance. | | Hand injuries, tripping | Ensure area, in particular walkways, are clear  Wear safety footwear. Wear protective gloves | | | | Supervisor/  Worker |
| 4. Arrange for crane or other mechanical handling equipment if needed. | | Struck by object | Ensure lifting aids are suitable for the task | | | | Worker |
| 5. Receive equipment rack on site. Inspect for damage. | | Falling objects  Manual Handling | Keep lifting area clear of people  Implement manual handling risk control procedures in accordance with SWMS 015 & Code of Practice Manual Handling | | | | Worker  Worker |
| 6. Transfer equipment rack to installation location  . | | Falling objects  Manual handling | Use mechanical handling equipment  Implement manual handling risk control procedures in accordance with SWMS 015 & Code of Practice Manual Handling | | | | Worker  Worker |
| 7. Install equipment rack to manufacture’s and client’s specifications. | | Electric Shock Manual handling  Hand injuries | Isolate, lockout & Tag. Confirm DEAD before commencing work mplement manual handling risk control procedures  Wear protective gloves | | | | Worker  Worker  Worker |
| 8.Clean area | | Hand injuries | Wear protective gloves | | | | Worker |
| *Additional items identified on site* | |  |  | | | | *Supervisor/*  *Worker* |

| <Replace this space with the name of your company>. <Company Address>. ABN: <ABN> | | | | | | Format 3 | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SWMS Title: INSTALLATION OF FIBRE OPTIC CABLE** | | | | | **SWMS NO. 025** | Page 1 of 1 | |
| **Person responsible** for ensuring compliance with this SWMS: | **<Person responsible for SWMS Compliance>** **Contact Number: <Phone Number>** | | | | **Date: <Date>** | **Revision: 17.0** | |
| **Project / Client:** <Clients Name> | | | | **Location:** <Site Address> | | | |
| **Work Method / Task Description** | | **Hazard Identification** | Actions / Controls for Prevention | | | | Person Responsible |
| 1.Inspect work area and review SWMS on site | | Site specific hazards | Document site specific hazards and controls to be implemented | | | | Supervisor/  Worker |
| 2.Check location to drawing and specification layout and mark out. | | Tripping and exposed nails | Ensure area is clear  Wear safety footwear | | | | Supervisor/Worker |
| 3.Confirm cable specifications and conditions. | | N/A | N/A | | | | Worker |
| 4.Confirm cable supports on conduits have been installed to specifications. | | Falls | Refer to SWMS 004, Cable and ladder installation | | | | Worker |
| 5.Install rollers or other protection to client’s specifications. | | Falls | Use ladders in accordance with SWMS 005  Use fall protection as per SWMS 019 | | | | Worker |
| 6.Install cable stands to client’s specification. | | Manual Handling | Implement manual handling risk controls as per SWMS 015 | | | | Worker |
| 7.Install cable manually with rope or winch as appropriate to client’s specification. | | Manual Handling  Hand injuries | Implement manual handling risk controls as per SWMS 015  Wear gloves | | | | Worker  Worker |
| 8.Cut off excess cable and seal exposed ends to manufacturer’s recommendations. | | Falls  Hand injuries | Use ladders in accordance with SWMS 005  Use fall protection as as per SWMS 019  Use correct tools to cut & strip cables. Wear gloves | | | | Worker  Worker |
| 9.Locate/dress cable and fix in position to client’s specification | | Falls  Manual Handling | Use ladders in accordance with SWMS 005  Use fall protection as per SWMS 019  Implement manual handling risk controls as per SWMS 015 | | | | Worker  Worker |
| *Additional items identified on site* | |  |  | | | | *Supervisor/*  *Worker* |

| <Replace this space with the name of your company>. <Company Address>. ABN: <ABN> | | | | | | Format 3 | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SWMS Title: INSTALLATION OF TRUNK CABLING** | | | | | **SWMS NO. 026** | Page 1 of 2 | |
| **Person responsible** for ensuring compliance with this SWMS: | **<Person responsible for SWMS Compliance>** **Contact Number: <Phone Number>** | | | | **Date: <Date>** | **Revision: 17.0** | |
| **Project / Client:** <Clients Name> | | | | **Location:** <Site Address> | | | |
| **Work Method / Task Description** | | **Hazard Identification** | Actions / Controls for Prevention | | | | Person Responsible |
| 1.Inspect work area and review SWMS on site | | Site specific hazards | Document site specific hazards and controls to be implemented | | | | Supervisor/  Worker |
| 2.Check location to drawing and specification layout and mark out. | | Slips, trips & falls | Ensure area is clear  Wear safety footwear Wear Eye Protection | | | | Supervisor/Worker |
| 3.Confirm cable specifications and conditions. | | N/A | N/A | | | | Worker |
| 4.Confirm cable supports on conduits have been installed to specifications. | | Falls | Refer to SWMS 004, Cable and ladder installation  Use ladders in accordance with SWMS 005 | | | | Worker |
| 5.Install rollers or other protection to client’s specifications. | | Falls  Manual Handling | Use fall protection as per SWMS 019  Use ladders in accordance with SWMS 005  Implement manual handling risk controls as per SWMS005 | | | | Worker  Worker |
| 6.Install cable stands to client’s specification. | | Manual Handling  Hand injuries | Implement manual handling risk control as per SWMS 005  Wear gloves | | | | Worker  Worker |
| 7.Install cable manually with rope or winch as appropriate to client’s specification. | | Falls | Use ladders in accordance with SWMS 005  Use fall protection as per SWMS 019 | | | | Worker |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SWMS Title: INSTALL TRUNK CABLING** | | | **SWMS NO. 026** | Page 2 of 2 | |
| **Work Method / Task Description** | **Hazard Identification** | Actions / Controls for Prevention | | | Person Responsible |
| 8.Cut off excess cable and seal exposed ends to manufacturer’s recommendations. | Falls  Hand injuries | Use ladders in accordance with SWMS 005  Use fall protection as as per SWMS 019  Use correct tools to cut & strip cables. Wear gloves | | | Worker  Worker |
| 9.Locate/dress cable and fix in position to client’s specification | Falls  Hand injuries | Use ladders in accordance with SWMS 005  Use fall protection as per SWMS 019  Use tools in accordance with manufacturer’s instructions | | | Worker  Worker |
| *Additional items identified on site* |  |  | | | *Supervisor/*  *Worker* |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |

| <Replace this space with the name of your company>. <Company Address>. ABN: <ABN> | | | | | | Format 3 | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SWMS Title: INSTALLATION OF OUTLET CABLING** | | | | | **SWMS NO. 027** | Page 1 of 1 | |
| **Person responsible** for ensuring compliance with this SWMS: | **<Person responsible for SWMS Compliance>** **Contact Number: <Phone Number>** | | | | **Date: <Date>** | **Revision: 17.0** | |
| **Project / Client:** <Clients Name> | | | | **Location:** <Site Address> | | | |
| **Work Method / Task Description** | | **Hazard Identification** | Actions / Controls for Prevention | | | | Person Responsible |
| 1.Inspect work area and review SWMS on site | | Site specific hazards | Document site specific hazards and controls to be implemented | | | | Supervisor/  Worker |
| 2.Check location to drawing and specification layout and mark out. | | Tripping and exposed nails | Ensure area is clear  Wear safety footwear | | | | Supervisor/  Worker |
| 3.Plan installation so as to work towards the required floor distributor. | | N/A | N/A | | | | Supervisor/  Worker |
| 4.Confirm cable specifications and conditions. | | N/A | N/A | | | | Worker |
| 5.Install rollers or other protection to client’s specifications. | | Electric shock  Falls  Manual handling | Isolate, lockout & tag adjacent services as required.  Ensure that no bare conductors can contact any live parts.  Use ladders in accordance with SWMS 006  Use fall protection as appropriate  Implement manual handling risk control procedures | | | | Worker  Worker  Worker |
| 6.Terminate submains to specifications | | Electrics shock  Hand injuries | Isolate, Lockout & Tag. Confirm DEAD before commencing work. Effectively insulate and restrain both ends of all cable near any live part  Use correct tools to cut & strip cable. Wear gloves | | | | Worker  Worker |
| 7.Clean Area | | Hand injuries | Wear protective gloves | | | | Worker |
| 8. Test installation | | Electric Shock | Follow Standard Working Procedures | | | | Worker |
| 9.Install signs or labels are required. | | Hand injuries | Use tools appropriately . Wear gloves | | | | Worker |
| *Additional items identified on site* | |  |  | | | | *Supervisor/*  *Worker* |

| <Replace this space with the name of your company>. <Company Address>. ABN: <ABN> | | | | | | Format 3 | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SWMS Title: INSTALLATION OF OUTLETS** | | | | | **SWMS NO. 028** | Page 1 of 2 | |
| **Person responsible** for ensuring compliance with this SWMS: | **<Person responsible for SWMS Compliance>** **Contact Number: <Phone Number>** | | | | **Date: <Date>** | **Revision: 17.0** | |
| **Project / Client:** <Clients Name> | | | | **Location:** <Site Address> | | | |
| **Work Method / Task Description** | | **Hazard Identification** | Actions / Controls for Prevention | | | | Person Responsible |
| 1.Inspect work area and review SWMS on site | | Site specific hazards | Document site specific hazards and controls to be implemented | | | | Supervisor/  Worker |
| 2. Check layout to drawings and specifications and confirm with client | | N/A | N/A | | | | Supervisor/ Worker |
| 3. Check walls, cavities and ceilings for other services . | | Explosion/ Electric shock  Falls  Hand Injuries | Confirm location of any water pipes, gas lines or power or telephone cables  Use ladders in accordance with SWMS 005  Use fall protection as appropriate in accordance with SWMS 019 Ensure area is clear  Wear safety footwear, Wear protective gloves | | | | Worker  Worker  Worker |
| 4. Check equipment is tagged | | Electric Shock | Use only correctly tagged tools and equipment | | | | Worker |
| 5.Fit outlet mounting brackets as required | | Debris and noise from drilling  Falls | Use minimum drilling speed consistent with effective work Use appropriate respiratory, eye and hearing protection Eg. Full face shield or goggles  Keep drill bits sharp  Use ladders in accordance with SWMS 005  Use fall protection as appropriate in accordance with SWMS 019 | | | | Worker  Worker |
| 6. Tape or insulate ends of new cable to prevent electrical contact | | Potential Electric Shock | Use suitable insulating material | | | | Worker |
| 7. Run Cables | | Electric Shock  Hand injuries | **Isolate, Lock out & tag. Confirm NOT LIVE** before commencing work  Wear protective gloves | | | | Worker  Worker |
| 8. Connect outlets | | Electric Shock  Falling | **Isolate, Lockout & Tag. Confirm NOT LIVE** before commencing work  Use ladder or elevated work platform as appropriate  Use fall protection as appropriate, in accordance with SWMS 019 | | | | Worker  Worker |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SWMS Title: INSTALLATION OF OUTLETS** | | | **SWMS NO. 028** | Page 2 of 2 | |
| **Work Method / Task Description** | **Hazard Identification** | *Actions / Controls for Prevention* | | | **Person Responsible** |
| 9. Confirm fittings are secure and installed to specifications | Electric shock | **Isolate, Lockout & Tag. Confirm NOT LIVE** before commencing work | | | Worker |
| 10. Clear area and remove Isolation & DANGER Tags | Hand Injuries | Wear gloves | | | Worker |
| *Additional items identified on site* |  |  | | | *Supervisor/*  *Worker* |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |

| <Replace this space with the name of your company>. <Company Address>. ABN: <ABN> | | | | | | Format 3 | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SWMS Title: WORKING ON ENERGISED LOW VOLTAGE EQUIPMENT / APPARATUS** | | | | | **SWMS NO. 029** | Page 1 of 2 | |
| **Person responsible** for ensuring compliance with this SWMS: | **<Person responsible for SWMS Compliance>** **Contact Number: <Phone Number>** | | | | Date: <Date> | Revision: 17.0 | |
| **Project / Client:** <Clients Name> | | | | **Location:** <Site Address> | | | |
| **Work Method / Task Description** | | **Hazard Identification** | Actions / Controls for Prevention | | | | Person Responsible |
| 1.Inspect work area and review SWMS on site | | Site specific hazards | Document site specific hazards and controls to be implemented | | | | Supervisor/  Worker |
| 2.Confirm the requirements regarding work on energised equipment and apparatus. | | N/A | N/A | | | | Supervisor/  Worker |
| 3.Obtain work approval and confirm any client site/safety instruction. | | N/A | Confirm Additional items identified on site and include in SWMS | | | | Supervisor/  Client/Worker |
| 4.Check scope of works to confirm whether work be re-scheduled so it may be isolated? | | N/A |  | | | | Supervisor/  Client/Worker |
| 5.Confirm with client that works meet the requirements regarding work on energised equipment and apparatus and the risk of harm would be greater if the circuits were de-energised before work commenced. | | N/A | Client Authorisation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Supervisor/  Client/Worker |
| 6.Confirm that person/s carrying out the work are appropriately qualified, competent, confident and trained for the task. | | N/A | Confirm qualifications of workers performing the task. | | | | Supervisor |
| 7.Carry out Risk assessment in respect of the works to be carried out. | | Risks not identified | Include all parties in the risk assessment | | | | Supervisor/  Client/Worker |
| 8.Confirm appropriate test equipment, tools, barriers, accessories, clothing, personal protective equipment (PPE), working kit are used and maintained, and first check operation of test apparatus. | | Personal Injury | Follow PPE inspection requirements  Replace any suspect or faulty equipment | | | | Worker |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SWMS Title: WORKING ON ENERGISED LOW VOLTAGE EQUIPMENT / APPARATUS** | | | **SWMS NO. 029** | Page 2 of 2 | |
| **Work Method / Task Description** | **Hazard Identification** | Actions / Controls for Prevention | | | Person Responsible |
| 9.Confirm you have a safety observer who is competent to perform the task being observed and is also competent in electrical rescue and cardio-pulmonary resuscitation (CPR). | Electric Shock | Do not proceed with task if Safety Observer is not available | | | Supervisor |
| 10.Clearly Identify the isolation point and the entry/exits are clear of obstructions. | Unauthorised Entry | Erect barriers/ropes/signage installed to prevent unauthorised entry. | | | Supervisor/  Worker |
| 11.Working persons shall confirm procedures such as: Safety Observer stands, turn off this switch, put the rescue hook around my arm, leg or belt and pull this way and apply cardio-pulmonary resuscitation (CPR). | Electric Shock | Follow agreed rescue plan | | | Supervisor/ Worker/ Safety Observer |
| 12.Carry out scope of works provided you have an appropriate safe system of work and you are confident. | Electric Shock  Hand Injuries /Cuts | Develop a SWMS for the specific task to be completed  Use Hand Tools in Correct Fashion ,Wear protective gloves . | | | Supervisor/  Worker  Worker |
| 13.Test and commission new works and re-install covers. | Electric Shock  Hand Injuries and Cuts | Follow **Standard Safe Working Procedures as per SWMS 038 - Energise & Commission Intallation**  Use Hand Tools in Correct Fashion  Wear protective gloves | | | Worker  Worker |
| 14.Clean work area, remove and pack away equipment. | Hand Injuries / Cuts | Wear protective gloves | | | Worker |
| 15.Complete appropriate documentation (switchboard schedules, update drawings and work book) | N/A | N/A | | | Worker |
| *Additional items identified on site* |  | *Document additional items in the SWMS review book* | | | *Supervisor/*  *Client/*  *Worker* |

| <Replace this space with the name of your company>. <Company Address>. ABN: <ABN> | | | | | | Format 3 | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SWMS Title: INSTALLING CEILING MOUNTED LIGHTS AND SPEAKERS** | | | | | **SWMS NO. 030** | Page 1 of 1 | |
| **Person responsible** for ensuring compliance with this SWMS: | **<Person responsible for SWMS Compliance>** **Contact Number: <Phone Number>** | | | | **Date: <Date>** | **Revision: 17.0** | |
| **Project / Client:** <Clients Name> | | | | **Location:** <Site Address> | | | |
| **Work Method / Task Description** | | **Hazard Identification** | Actions / Controls for Prevention | | | | Person Responsible |
| 1.Inspect work area and review SWMS on site | | Site specific hazards | Document site specific hazards and controls to be implemented | | | | Supervisor/  Worker |
| 2. Check layout and mark out. | | Slips, Trips Falls | Ensure area, in particular, walkways are clear of trip hazards  Wear safety foot wear | | | | Supervisor/  Worker |
| 3. Receive equipment on site and confirm correct numbers and types | | Struck by falling objects  Manual handling | Keep lifting area clear of people.  Implement manual handling risk control procedures in accordance with SWMS 015 and Code of Practice for Manual Handling | | | | Worker  Worker |
| 4. Confirm cabling requirements. | | Electric shock | Test and confirm cables **before commencing work. Isolate, Lockout &Tag as required.** | | | | Worker |
| 5 Terminate cabling to light or speaker and mount speaker/light to ceiling. | | Electric shock  Falling | Ensure power tools and leads are tagged  Use ladders or work platforms appropriately in accordance with SWMS 019 | | | | Worker  Worker |
| 6. Complete the fitting of any other parts. | | Falling | Use ladders or work platforms appropriately in accordance with SWMS 019 | | | | Worker |
| 7. Confirm fitting is secure and installed to specifications. | | Falling | Use ladders or work platforms appropriately in accordance with SWMS 019 | | | | Worker |
| 8. Clear area and remove isolation DANGER Tags | | Hand injuries | Use gloves. | | | | Worker |
| *Additional items identified on site* | |  |  | | | | *Supervisor/*  *Worker* |

| <Replace this space with the name of your company>. <Company Address>. ABN: <ABN> | | | | | | Format 3 | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SWMS Title: INSTALLATION OF NEW RACKS / CABINETS** | | | | | **SWMS NO. 031** | Page 1 of 2 | |
| **Person responsible** for ensuring compliance with this SWMS: | **<Person responsible for SWMS Compliance>** **Contact Number: <Phone Number>** | | | | **Date: <Date>** | **Revision: 17.0** | |
| **Project / Client:** <Clients Name> | | | | **Location:** <Site Address> | | | |
| **Work Method / Task Description** | | **Hazard Identification** | Actions / Controls for Prevention | | | | Person Responsible |
| 1.Inspect work area and review SWMS on site | | Site specific hazards | Document site specific hazards and controls to be implemented | | | | Supervisor/  Worker |
| 2.Confirm installation specifications | | N/A | N/A | | | | Supervisor/  Worker |
| 3. Mark out location ensuring coordination with other services. Prepare installation area and confirm adequate space including door swing for maintenance. | | Tripping  Hand Injuries | Ensure area, in particular walkways, are clear.Wear safety footwear.  Wear protective gloves | | | | Worker  Worker |
| 4. Arrange for crane or other mechanical handling equipment if needed. | | Struck by object | Ensure lifting aids are suitable for the task | | | | Worker |
| 5. Receive equipment rack on site. Inspect for damage. | | Falling objects  Manual Handling | Keep lifting area clear of people .  Use mechanical handling equipment  Implement manual handling risk control procedures in accordance with SWMS 015 & Code of Practice manual Handling | | | | Worker  Worker |
| 6. Transfer equipment rack to installation location  . | | Falling objects  Manual handling | Keep transfer area clear of people  Use mechanical handling equipment  Implement manual handling risk control procedures in accordance with SWMS 015 & Code of Practice Manual Handling | | | | Worker  Worker |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SWMS Title: INSTALLATION OF NEW RACKS / CABINETS** | | | **SWMS NO. 031** | Page 2 of 2 | |
| **Work Method / Task Description** | **Hazard Identification** | Actions / Controls for Prevention | | | Person Responsible |
| 7. Install equipment rack to manufacture’s and client’s specifications. | Electric Shock  Manual handling  Hand injuries | Isolate, Lockout & Tag. Confirm DEAD before commencing work  Implement manual handling risk control procedures  Wear protective gloves | | | Worker  Worker  Worker |
| 8.Clean area | Hand injuries | Wear protective gloves | | | Worker |
| *Additional items identified on site* |  |  | | | *Supervisor/*  *Worker* |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |

| <Replace this space with the name of your company>. <Company Address>. ABN: <ABN> | | | | | | Format 3 | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SWMS Title: HEAT SHRINK OF CABLE JOINTS AND LUGS** | | | | | **SWMS NO. 032** | Page 1 of 2 | |
| **Person responsible** for ensuring compliance with this SWMS: | **<Person responsible for SWMS Compliance>** **Contact Number: <Phone Number>** | | | | **Date: <Date>** | **Revision: 17.0** | |
| **Project / Client:** <Clients Name> | | | | **Location:** <Site Address> | | | |
| **Work Method / Task Description** | | **Hazard**  **Identification** | Actions / Controls for Prevention | | | | Person Responsible |
| 1. Inspect work area and review SWMS on site | | Site specific hazards | Document site specific hazards and control measures | | | | Supervisor/  Worker |
| 2.Clean cable sheath to remove any oil, grease, water, dirt etc by wiping the cable ends and connector/link | | Cut injury | Remove any sharp edges or burrs  Wear cut resistant gloves where appropriate | | | | Worker |
| 3.Select tube, boot, cap size to suit cable size | | NA | NA | | | | Worker |
| 4.Cut tube to length and fit to cable | | Cut injury | Use side cutter where practical  Wear cut resistant gloves where appropriate | | | | Worker |
| 5.Crimp conductor connection or lug and centre the tubing over the splice connectors/links | | Manual handling  Hand injuries | Use appropriate tool to crimp lug / sleeves  Use crimping tools correctly | | | | Worker  Worker |
| *Continued over page* | |  |  | | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SWMS Title: HEAT SHRINK CABLE JOINTS AND LUGS** | | | **SWMS NO. 032** | Page 2 of 2 | |
| **Work Method / Task Description** | **Hazard Identification** | Actions / Controls for Prevention | | | Person Responsible |
| 6.Apply broad gentle heat evenly to all sides of heat shrink material   * Larger heat shrink materials require use of flame * Start at centre and work to one end first * If using a gas burner, use the cooler, soft flame * Do not hold the torch still in one position or concentrate the hot inner flame of the torch on the tubing; this may cause scorching * Keep the heat source moving around the circumference of the insulator to ensure uniform shrinkage * Installation is complete when the tubing conforms to the link and if present, adhesive flow is apparent at both ends | Burns and fire | Wear appropriate PPE – Non flamable Long sleeves and long trousers.Face shield insulated gloves for handling hot items.  Use heat gun where possible to avoid open flame  Complete site hot work permit if using open flame  Ensure fire extinguisher is available when using open flame  Check for flammable substances (including gas) before using open flame  Use shield / reflector to protect other areas and get uniform heat coverage  Do not touch the heat shrink product until it cools  Ensure no one inadvertently touches hot parts of heating gun/torch after use | | | Worker |
| 7. Disposal of spent butane/gas canisters | Fire / explosion  Environmental | Do not puncture or incinerate spent container  Refer to butuane / gas SDS for correct disposal procedure | | | Worker |
| *Additional items identified on site* |  |  | | | *Supervisor/*  *Worker* |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |

| <Replace this space with the name of your company>. <Company Address>. ABN: <ABN> | | | | | | Format 3 | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SWMS Title: INSTALLATION OF SELV CABLING [DATA/SECURITY/NURSE CALL ETC**] | | | | | **SWMS NO. 033** | Page 1 of 2 | |
| **Person responsible** for ensuring compliance with this SWMS: | **<Person responsible for SWMS Compliance>** **Contact Number: <Phone Number>** | | | | **Date: <Date>** | **Revision: 17.0** | |
| **Project / Client:** <Clients Name> | | | | **Location:** <Site Address> | | | |
| **Work Method / Task Description** | | **Hazard Identification** | Actions / Controls for Prevention | | | | Person Responsible |
| 1.Inspect work area and review SWMS on site | | Site specific hazards | Document site specific hazards and controls to be implemented | | | | Supervisor/  Worker |
| 2. Check location to drawings and specification layout and mark out | | Electric shock  Slips Trip Falls | Avoid all contact with non SELV services. Isolate, lockout & tag nearby services as required.  Ensure area, in particular walkways, are clear of trip hazards  Wear safety foot wear | | | | Supervisor/  Worker  Worker |
| 3. Plan installation | | N/A | N/A | | | | Supervisor/  Worker |
| 4. Confirm cable specifications and condition. | | Falls | Use ladders in accordance with SWMS 005  Use fall protection as appropriate, as per SWMS 019 | | | | Worker |
| 5. Install cable to client’s specifications. | | Electric shock  Manual handling  Hand Injuries | **Isolate, Lockout & Tag. CONFIRMED NOT LIVE**  Ensure that no bare conductors can contact any live parts. Effectively insulate both ends of all cables near any live parts. Restrain the ends of all cables near any live parts.  Implement manual handling risk control procedures in accordance with SWMS 015 and Code of Practice for Manual Handling  Use the correct tool to cut & strip cables. Wear gloves | | | | Worker  Worker  Worker |
| 6. Clean area | | Hand injuries | Wear protective gloves | | | | Worker |
| 7 Test installation | | Electric shock | **Isolate, Lockout & Tag. CONFIRMED NOT LIVE** and identify cables before commencing work | | | | Worker |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SWMS Title: INSTALLATION OF SELV CABLING [DATA/SECURITY/NURSE CALL ETC**] | | | **SWMS NO. 033** | Page 2 of 2 | |
| **Work Method / Task Description** | **Hazard Identification** | Actions / Controls for Prevention | | | Person Responsible |
| 8. Install signs or labels are required. | Hand injuries | Use tools appropriately  Wear protective gloves | | | Worker |
| *Additional items identified on site* |  |  | | | *Supervisor/*  *Worker* |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |

| <Replace this space with the name of your company>. <Company Address>. ABN: <ABN> | | | | | | Format 3 | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SWMS Title: INSTALLATION OF DATA / TV / NURSE CALL POINTS** | | | | | **SWMS NO. 034** | Page 1 of 2 | |
| **Person responsible** for ensuring compliance with this SWMS: | **<Person responsible for SWMS Compliance>** **Contact Number: <Phone Number>** | | | | **Date: <Date>** | **Revision: 17.0** | |
| **Project / Client:** <Clients Name> | | | | **Location:** <Site Address> | | | |
| **Work Method / Task Description** | | **Hazard Identification** | Actions / Controls for Prevention | | | | Person Responsible |
| 1.Inspect work area and review SWMS on site | | Site specific hazards | Document site specific hazards and controls to be implemented | | | | Supervisor/  Worker |
| 2. Check layout to drawings and specifications and confirm with client | | Slips, trips falls | Ensure area is clear.Wear safety footwear | | | | Supervisor/  Worker |
| 3. Check walls, cavities and ceilings for other services and confirm location of any water pipes, gas lines or power or telephone cables | | Electric shock  /Explosion  Falls  Hand Injuries | Isolate, lockout and tag adjacent services as required  Use ladders in accordance with SWMS 005 Use fall protection as appropriate in accordance with SWMS 019 .  Wear protective gloves | | | | Worker  Worker  Worker |
| 4. Check equipment is tagged | | Electric Shock | Use only correctly tagged tools and equipment | | | | Worker |
| 5.Fit mounting brackets as required | | Debris and noise from drilling | Use minimum drilling speed consistent with effective work Use appropriate respiratory, eye and hearing protection Eg. Full face shield or goggles  Keep drill bits sharp Use ladder or work platform appropriately | | | | Worker |
| 6. Avoid all non SELV cables. | | Electric Shock | Isolate, lockout and tag. Use suitable insulating material | | | | Worker |
| 7. Run Cables | | Electric Shock  Hand injuries | Isolate, Lockout & Tag**. Confirm NOT LIVE** before commencing work  Wear protective gloves | | | | Worker  Worker |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SWMS Title: INSTALLATION OF DATA / TV / NURSE CALL POINTS** | | | **SWMS NO. 034** | Page 2 of 2 | |
| **Work Method / Task Description** | **Hazard Identification** | Actions / Controls for Prevention | | | Person Responsible |
| 8. Connect outlets | Hand injuries | Use hand tools in correct manner | | | Worker |
| 9. Confirm fittings are secure and installed to specifications | Falling | Use ladder or elevated work platform as appropriate  Use fall protection as appropriate, in accordance with SWMS 019 | | | Worker  Worker |
| 10. Clear area | Hand Injuries | Wear protective gloves | | | Worker |
| *Additional items identified on site* |  |  | | | *Supervisor/*  *Worker* |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |

| <Replace this space with the name of your company>. <Company Address>. ABN: <ABN> | | | | | | Format 3 | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SWMS Title: INSTALLING LIGHT POLES** | | | | | **SWMS NO. 035** | Page 1 of 2 | |
| **Person responsible** for ensuring compliance with this SWMS: | **<Person responsible for SWMS Compliance>** **Contact Number: <Phone Number>** | | | | **Date: <Date>** | **Revision: 17.0** | |
| **Project / Client:** <Clients Name> | | | | **Location:** <Site Address> | | | |
| **Work Method / Task Description** | | **Hazard Identification** | Actions / Controls for Prevention | | | | Person Responsible |
| 1.Inspect work area and review SWMS on site | | Site specific hazards | Document site specific hazards and controls to be implemented | | | | Supervisor/  Worker |
| 2. Check layout and crane access for standing & unloading poles. | | Electric Shock  Pedestrians & traffic  Slips, trips & falls  Personal Injury | Ensure unload area is clear of overhead services  Implement pedestrian & traffic control.  Ensure area, in particular, walkways are clear of trip hazards  Wear safety foot wear, gloves, helmet & Hi Vis Clothing. | | | | Supervisor/  Crane Op.  Supervisor/ Worker  Crane Op.  Supervisor. Worker/  Crane Op. |
| 3. Receive poles & lights on site and confirm correct numbers and types | | Struck by falling object  Hand injuries | Check access.Keep lifting area clear of people.Barricade work area.  Wear protective gloves. | | | | Worker  Worker |
| 4. Install cable underground or overhead | | Electric Shock  Manual handling | Test and confirm cables **before commencing work. Isolate, Lockout & fit danger tags as appropriate where running near live equipment. Test for DEAD.**  Implement manual handling risk control procedures in accordance with SWMS 015 and Code of Practice for Manual Handling | | | | Worker  Worker |
| 5. Check light fitting base or bracket and terminate cabling into fitting. | | Falling from heights  Struck by falling object. | Use ladders or work platforms appropriately in accordance with SWMS 019 and SWMS 005.  Keep lifting area clear of people. Barricade work area | | | | Worker  Worker |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SWMS Title: INSTALLING LIGHT POLES** | | | **SWMS NO. 035** | Page 2 of 2 | |
| **Work Method / Task Description** | **Hazard Identification** | Actions / Controls for Prevention | | | Person Responsible |
| 6. Check crane or other lifting equipment and operator’s qualifications are up to date. Ensure spotter available to prevent pedestrians entering work area & traffic management as required | Pedestrians  Unsafe equipment  Overhead cables.  Manual handling | Keep lifting area clear of people. Barricade work area  Use spotter to control unauthorised access  Pre op check of equipment  Use spotter as required  Implement manual handling risk control procedures in accordance with SWMS 015 and Code of Practice for Manual Handling. | | | Worker  Worker  Worker  Worker |
| 7.Install pole, ensure it is secure and installed to specifications. | Struck by falling object.  Manual handling  Hand injuries | Barricade work area.  Implement manual handling risk control as per SWMS 015 and Code of Practice for Manual Handling.  Wear protective gloves. | | | Worker  Worker  Worker |
| 8.Complete the fitting of any other parts and wiring to the light poles. | Falling.  Manual handling. | Use ladders or work platforms appropriately in accordance with SWMS 019 and SWMS 005.  Implement manual handling risk control as per SWMS 015 and Code of Practice for Manual Handling | | | Worker  Worker |
| 9Cable connections & testing | Electric Shock | Confirm all connected cables are isolated & tagged | | | Worker |
| *Additional items identified on site* |  |  | | | *Supervisor/*  *Worker* |
|  |  |  | | |  |

| <Replace this space with the name of your company>. <Company Address>. ABN: <ABN> | | | | | | Format 3 | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SWMS Title: TRENCHING WITH A SMALL EXCAVATOR** | | | | | **SWMS NO. 036** | Page 1 of 2 | |
| **Person responsible** for ensuring compliance with this SWMS: | **<Person responsible for SWMS Compliance>** **Contact Number: <Phone Number>** | | | | **Date: <Date>** | **Revision: 17.0** | |
| **Project / Client:** <Clients Name> | | | | **Location:** <Site Address> | | | |
| **Work Method / Task Description** | | **Hazard Identification** | Actions / Controls for Prevention | | | | Person Responsible |
| 1.Inspect work area and review SWMS on site | | Site specific hazards | Document site specific hazards and controls to be implemented | | | | Supervisor/  Worker |
| 2.Operator must be competent in operating excavator | | Personal injury | Excavator must only be operated by trained and **authorised** operators. | | | | Supervisor/  Operator |
| 3. Check that the machine is safe and fit for use | | Machine failure, Personal injury | Conduct daily logbook check of equipment before use, unsure warning lights/ alarms working. Tag out unsafe equipment. | | | | Operator |
| 4.Inspect work area | | Machine tipping | Ensure area is clear and the ground is stable and suitable for the machine to operate on | | | | Operator |
| 5.Secure work area | | Personal Injuries | Barricade work area where necessary. Signage as required. Appoint spotter where necessary to prevent unauthorised access to work area.Provide warning lights at night if necessary. | | | | Supervisor/  Operator |
| 6. Check services in area | | Electric shock, explosion | “Dial before you dig” Locate underground services before operating machine. “Look up and live” Do not operate in areas where overhead electrical hazards exist. | | | | Supervisor/  Operator |
| 7. Operate excavator | | Electric Shock, Explosion  Fall from machine  Noise, dust | Isolate Lockout & Tag services. Use Spotter - visual inspection for marker tape. Excavate manually near existing services.  Operator must wear seat belt  Keep Doors shut if fitted. Signage on machine to indicate PPE to be worn | | | | Operator  Operator  Operator |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SWMS Title: TRENCHING WITH A SMALL EXCAVATOR** | | | **SWMS NO. 036** | Page 2 of 2 | |
| **Work Method / Task Description** | **Hazard Identification** | Actions / Controls for Prevention | | | Person Responsible |
| 8. Trenching | Trench collapse  Person buried | Store spoil suitable distance from edge of trench. Use shoring, benches or battering in accordance with Code of Practice for Safety Precautions in Trenching Operations.  No person to enter trench, trench not to be deeper than 1.5m. Separate SWMS required if trench is ≥ 1.5 metres or if a person is to enter the trench. | | | Operator  Operator |
| 9. Laying conduit in trench | Manual Handling | Seek assistance as required | | | Operator |
| 10. Backfill | Tripping | Ensure ground is even and free from trip hazards on completion of backfilling. | | | Operator |
| *Additional items identified on site* |  |  | | | *Supervisor/*  *Worker* |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |

| <Replace this space with the name of your company>. <Company Address>. ABN: <ABN> | | | | | | | Format 3 | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SWMS Title: INSTALLATION OF GRID CONNECTED PHOTOVOLTAIC SYSTEM** | | | | |  | **SWMS NO. 037** | Page 1 of 2 | |
| **Person responsible** for ensuring compliance with this SWMS: | **<Person responsible for SWMS Compliance>** **Contact Number: <Phone Number>** | | | | | **Date: <Date>** | **Revision: 17.0** | |
| **Project / Client:** <Clients Name> | | | | **Location:** <Site Address> | | | | |
| **Work Method / Task Description** | | **Hazard Identification** | Actions / Controls for Prevention | | | | | Person Responsible |
| 1.Inspect work area and review SWMS on site | | Site specific hazards | Document site specific hazards and controls to be implemented | | | | | Supervisor/  Worker |
| 2.Site Inspection | | Slips,Trips | Ensure work area is clean & tidy. Ensure access path is clear of obstructions/hazards. | | | | | Supervisor/  Worker/Client |
| 3.Accessing Roof | | Falls | Use correct ladder for accessing roof. Check ladder for damage prior to use. Secure ladder. | | | | | Worker |
| 4.Working on Roof | | Falls  UV Radiation | Identify suitable anchor points for harness. Use fall prevention  equipment. Ensure fall prevention equipment is safe and that all staff working on the roof are trained in fall prevention equipment usage. Refer to SWMS 019 -Working at Heights.  Wear protective clothing and broad brim hat.  Apply sunscreen to exposed skin. | | | | | Worker  Worker |
| 5.Install brackets and module mounting rails | | Electric shock  Equipment Falling  Manual Handling  Noise  Eye Injuries | Ensure electric drill is tested and tagged. Protect electricity lead from damage on roof /guttering or use battery drill.  Barricade area below work area  Use mechanical lifting aids or team lifts where required.  Use hearing PPE when drilling  Use eye protection when drilling. | | | | | Worker  Worker  Worker  Worker  Worker |
| 6.Run DC Cabling | | Falls | Check work area for potential slips, trips & falls hazards. Use fall protection equipment where required. | | | | | Worker |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SWMS Title: Installation of Grid Connected Photovoltaic System** | | | **SWMS NO. 037** | Page 2 of 2 | |
| **Work Method / Task Description** | **Hazard Identification** | Actions / Controls for Prevention | | | Person Responsible |
| 7.Lift and Install Solar Modules | Equipment Falling  Electric Shock  Manual Handling | Barricade area below work area  Connect PV panels after completing DC Isolator Ensure electric drill is tested and tagged. Protect electricity lead from damage or use battery drill.  Use mechanical lifting aids or team lifts where required. | | | Worker  Worker  Worker |
| 8.Mount and Terminate DC Array Isolator | Noise  Eye Injuries | Use hearing PPE when drilling  Use eye protection when drilling. | | | Worker  Worker |
| 9.Mount Inverter-  Drilling of Installation Mounts | Electric Shock  Manual Handling  Noise  Eye Injuries | Ensure Drill and Lead is Tested and Tagged  Lift inverter with assistance.  Use Hearing Protection when Drilling  Use Eye Protection when Drilling | | | Worker  Worker  Worker  Worker |
| 10.Connect Inverter | Electric Shock | No LIVE Work. Isolate panels at roof top isolator. Tag Out  Isolate 240V Supply. Tag Out | | | Worker |
| 11.Test and Commission the Installation | Explosion | Refer to SWMS 038 Energise and Commission Installation  Test Polarity of DC Array prior to energization  Wear protective clothing and Eye protection | | | Supervisor/ Worker |
| 12.Hand Over | N/A | N/A | | | Worker |
| *Additional items identified on site* |  |  | | | *Supervisor/*  *Worker* |
|  |  |  | | |  |
|  |  |  | | |  |

| <Replace this space with the name of your company>. <Company Address>. ABN: <ABN> | | | | | | Format 3 | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SWMS Title: ENERGISE AND COMMISSION INSTALLATION** | | | | | **SWMS NO. 038** | Page 1 of 2 | |
| **Person responsible** for ensuring compliance with this SWMS: | **<Person responsible for SWMS Compliance>** **Contact Number: <Phone Number>** | | | | **Date: <Date>** | **Revision: 17.0** | |
| **Project / Client:** <Clients Name> | | | | **Location:** <Site Address> | | | |
| **Work Method / Task Description** | | **Hazard Identification** | Actions / Controls for Prevention | | | | Person Responsible |
| 1.Inspect work area and review SWMS on site | | Site specific hazards | Document site specific hazards and controls to be implemented | | | | Supervisor/  Worker |
| 2.Undertake / confirm Site Specific Hazard identification (Document identified hazards and control measures) | | Site specific issues  Worker & Public safety  Unauthorised persons | Do inspection and review tasks & identify site specific hazards  Check test equipment and PPE, consult with workers involved  Clear area and use appropriate barricades and signage  **Observe No live work policy** | | | | Sup./ Worker  Sup./ Worker  Sup./ Worker |
| 3.Identify ALL energy sources and confirm isolated | | Electric Shock | **Do not work live**  Isolate and tag out | | | | Sup./ Worker |
| 4.Undertake visual inspection to confirm installation work is complete to client’s specifications. | | Minor injury | Refer visual inspection requirements of AS3000  Use PPE as appropriate | | | | Sup./ Worker |
| 5.Complete connections to switchboard. | | Electric Shock | Ensure all circuits are suitably identified  **Do not work live** | | | | Sup./ Worker |
| 6.Remove bonding leads in preparation for energising. | | Electric Shock | Ensure all circuits are Isdolated and tagged | | | | Worker |
| 7.Check your test device/equipment for integrity and ensure is in good working order. | | N/A | Before test, prove testing equipment is working correctly | | | | Worker |
| 8.Test new installation and/or repairs prior to energising. | | Electric Shock  Personal injury | Refer inspection and test requirements of AS3000  Follow Standard Working Procedures refer AS3017  Check for exposed conductors and terminate all prior to energising  Ensuring all ends are terminated and tails are secured out of reach so that no inadvertent contact can be made | | | | Worker |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SWMS Title: ENERGISE AND COMMISSION INSTALLATION** | | | **SWMS NO. 038** | Page 2 of 2 | |
| **Work Method / Task Description** | **Hazard Identification** | Actions / Controls for Prevention | | | Person Resposible |
| 9.Replace removable switches (off) and rack-in | Minor injury | Confirm test equipment is operational | | | Worker |
| 10.Remove locks and out-of-service / danger tags | Electric shock | Locks and Danger Tags to be removed by person who placed and signed tag | | | Worker |
| 11.Energise and test wiring, and check equipment and apparatus as operational before return to service. | Electric Shock | Sequence the energising and test & check, by sections (eg polarity)  Confirm phase rotation of all 3-phase equipment  Confirm operational and safe prior to handover  Follow Standard Working Procedures | | | Worker |
| 12.Tidy up installation and work areas  Remove equipment from site | Minor injury | Use PPE as appropriate | | | Worker |
| 13.Remove signage and barriers | Minor injury | Use PPE as appropriate | | | Worker |
| 14.Handover installation to client | N/A | Complete Certificate of Electrical Safety and other paperwork.  Provide relevant paperwork to client and submit to authorities, as required. | | | Worker |
| *Additional items identified on site* |  |  | | | *Supervisor/*  *Worker* |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |

| <Replace this space with the name of your company>. <Company Address>. ABN: <ABN> | | | | | | Format 3 | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SWMS Title: Testing & Tagging Electrical Equipment** | | | | | **SWMS NO. 039** | Page 1 of 2 | |
| **Person responsible** for ensuring compliance with this SWMS: | **<Person responsible for SWMS Compliance>** **Contact Number: <Phone Number>** | | | | **Date: <Date>** | **Revision: 17.0** | |
| **Project / Client:** <Clients Name> | | | | **Location:** <Site Address> | | | |
| **Work Method / Task Description** | | **Hazard Identification** | Actions / Controls for Prevention | | | | Person Responsible |
| 1.Inspect work area and review SWMS on site | | Site specific hazards | Document site specific hazards and controls to be implemented | | | | Supervisor/  Worker |
| 2.Confirm workplace and task requirements | | Site specific issues  Worker safety  Public access and unauthorised persons | Do inspection and review tasks  Check test equipment and PPE, consult with workers involved  Clear area and use appropriate barricades and signage  Observe No live work policy | | | | Sup./Worker  Worker  Worker |
| 3.Ensure that work complies with AS3760  Check operation of test equipment. | | Inadequate knowledge  Overlook fault | Person undertaking work must be competent  Refer to codes and standard  Involve employees in preparation | | | | Worker |
| 4.Unplug equipment from the supply. | | Electric shock | Switch off at socket and disconnect plug | | | | Worker |
| 5.Undertake visual and physical inspection for damage and defects in appliance, accessories, connectors, plugs and extension outlet sockets. | | Minor cuts from sharp edges | Apply due care in inspection  Wear protective gloves where appropriate | | | | Worker |
| 6.Check flexible cords are effectively anchored to equipment, plugs and sockets. | | Hand injuries and cuts | Apply due care in inspection  Wear protective gloves where appropriate | | | | Worker |
| 7.Test earth continuity resistance not exceeding 1 ohm. | | Hand injuries and cuts | Apply due care in inspection  Wear protective gloves where appropriate | | | | Worker |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SWMS Title: Testing & Tagging Electrical Equipment** | | | **SWMS NO. 039** | Page 2 of 2 | |
| **Work Method / Task Description** | **Hazard Identification** | Actions / Controls for Prevention | | | Person Responsible |
| 8.Test insulation resistance not less than 1 megohm. | Hand injuries and cuts | Apply due care in inspection  Wear protective gloves where appropriate | | | Worker |
| 9.Alternatively use leakage current test at rated voltage  Class I – 5mA max  Cords and Class II – 1mA max | Electric shock  Note the protective earth conductor may be live whilst testing | Protect equipment with RCD or isolating transformer.  Refer to stringent precautions to be followed when doing live testing in *AS 4836 Safe Work on or near low voltage electrical installations*  and prepare a separate risk assessment and SWMS for this work | | | Worker |
| 10.Prepare and fit tag to compliant equipment.  Complete equipment log / register as a record and provide client with copy. | N/A | Tags do not have to be colour coded. | | | Worker |
| 11.Take faulty items out of service and advise client of issue so client can arrange repair / replacement | N/A | N/A | | | Worker  Client |
| *Additional items identified on site* |  |  | | | *Supervisor/*  *Worker* |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |

| <Replace this space with the name of your company>. <Company Address>. ABN: <ABN> | | | | | | Format 3 | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SWMS Title:** | | | | | **SWMS** | Page 1 of 2 | |
| **Person responsible** for ensuring compliance with this SWMS: | **<Person responsible for SWMS Compliance>** **Contact Number: <Phone Number>** | | | | **Date: <Date>** | **Revision: 17.0** | |
| **Project / Client:** <Clients Name> | | | | **Location:** <Site Address> | | | |
| **Work Method / Task Description** | | **Hazard Identification** | Actions / Controls for Prevention | | | | Person Responsible |
|  | |  |  | | | |  |
|  | |  |  | | | |  |
|  | |  |  | | | |  |
|  | |  |  | | | |  |
|  | |  |  | | | |  |
|  | |  |  | | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SWMS Title:** | | | **SWMS NO.** | Page 2 of 2 | |
| **Work Method / Task Description** | **Hazard Identification** | Actions / Controls for Prevention | | | Person Responsible |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
| *Additional items identified on site* |  |  | | | *Supervisor/*  *Worker* |